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A M E R I C A N  
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ARTICLE I.

ON INSTANTANEOUS INSANITY, CONSIDERED  
IN A MEDICO-LEGAL POINT OF VIEW.—*By*  
DR. P. BOILEAU DE CASTELNAU.

[The following is an abridged translation of a paper which appeared in the *Annales D' Hygiene et de Medicine Legale*, for January and April, 1851, and we also observe that it has been transferred and published in full in the *Annales Medico-Psychologiques*. It treats of a subject which, unfortunately, requires to be carefully investigated in our own country, as well as abroad; and although it can scarcely be regarded as presenting novel views, yet it gives a fair and full account of the prevalent opinions, at least on the continent of Europe. While it may be a very serious question whether these opinions should be incorporated into our codes, there still can be no doubt but that physicians having charge of the insane should



be prepared to give their views with a perfect knowledge of the facts and doctrines that have been promulgated.—*Ed.*]

*Instantaneous, Transitory, Temporary* Insanity is a disease which manifests itself suddenly. The subject of it is excited to acts which nothing in his previous history would lead us to suspect.

1. In certain instances the violent act is not preceded by any reasoning. 2. In other cases there is some reasoning, but it sins against one or more of the rules of logic, although others of these may be strictly followed. 3. Occasionally, we can discover no predisposition to insanity, and again this is well marked. 4. It is not altogether uncommon that the unfortunate subject has been aware of the danger that menaces him,—that he has struggled against it,—that he has appealed for assistance, and has sought to remove from the place or situation which has threatened to become the theatre of a deplorable occurrence. But there are cases also in which the force of impulse has triumphed over conscience.

The first act of insanity may be a murder, and to this the disease may succeed in its intermittent or continued type. But when a criminal action, or a murder, is the sole indication of insanity, it constitutes the *instantaneous, temporary, or transitory* insanity of authors, (Henke, Marc, Cazauvieilh, &c.,) and it is this which we are now about to consider.

We may here observe, that aside of this species we find another which renders the diagnosis difficult. It does happen that after the commission of a murder, fear or despair may be the cause of supervening insanity in the criminal. The physician must carefully study the antecedents of the accused, and those of his family,



with the circumstances of the act, in order to establish the difference between sanity and insanity.

A celebrated jurisconsult, who will not be taxed with too much leniency, recognizes the reality of instantaneous insanity. "There are madmen, (says Bellard,) whom nature has condemned to an eternal loss of reason, while there are others who lose it *instantly*, owing to severe pain, sudden surprise, or some parallel cause. The only difference between them is in its duration, and he whose head has been turned for a few hours, or a few days, is as completely insane during this ephemeral delirium, as another in whom it has continued for years. When the maniac has caused some grievous misfortune, he should be shut up; this is justice and precaution; to send him to the scaffold is cruelty."

Amongst authors who have discussed this delicate subject is Marc, and in his work he inquires whether we have not met in society with persons, rational and of an established moral character, who, notwithstanding, avow that in the course of their lives they have, at least once, been surprised and betrayed into a sudden excess of extravagance, and, indeed, of atrocity. Indeed, he quotes himself as an example, having on one occasion been seized with an urgent desire to push into the water a young person seated on the parapet of a bridge. The horror of the idea caused him to run away from the spot. Talma, the celebrated tragedian, confessed to a similar thought. Professor Lichtenberg states in his work, *Observations sur lui-Meme*, that he has often experienced pleasure in reflecting on the means by which he might destroy the life of this or that person, although he had never conceived a plan for executing the crime.

The man of letters, D——, viewing a beautiful painting by Gerhard, was seized with so irresistible an im-

pulse to destroy the canvas with a kick, that he was obliged to turn his back on it.

Dr. Michu relates the history of a female in the country, who, having given birth to her first child, now ten days old, was suddenly agitated with the desire to murder it. The idea made her shudder; she fled from her house, but, again returning, experienced the same impression. She left a second time for a visit to the priest, to whom she confided the cause of her agitation.

Now, in these cases the will remained healthy, and triumphed over the sudden impulse. But when the opposite happens, there is no moral responsibility. This last, indeed, requires a free perception, a proper association of ideas, and an ability to examine and compare them, and a well-balanced condition of the mental faculties. Such is the aim of education, and, if well directed, it produces moral and intellectual order.

In examining authorities on this subject we shall find many who concur in the belief of the existence of instantaneous insanity.

The editor of the *Journal of Practical Medicine and Surgery* cites five cases of this nature. In four, their previous conduct had been altogether irreproachable. In the fifth, the subject, a female, had killed four persons, and among them her mother, wounded a fifth, broken the furniture, and caused the wine to flow from a barrel. On being arrested, in reply to the question, "Has any one desired you to kill your mother?" she said, "No; a bad rush of blood (*coup de sang*) has caused me to do it. My poor mother, that I loved so much!" And here tears followed. "But if you loved your mother, why did you kill her?" "*What do you wish me to say?*" Extenuating circumstances were on the trial admitted, and she was condemned to ten years' imprisonment with hard labour.

*Hufeland's Journal* reports four cases of a similar nature, related by Dr. Loeventhal. One is as follows :

A shoemaker, aged 33 years, of the sanguine temperament, a quiet disposition, industrious, temperate, and in good health, lived happily in his family during four years. On the 12th of April, he got out of bed in good season, to go as usual to his daily labour. An hour afterwards his wife noticed his incoherent discourse and wild appearance. Suddenly he threw away what he held in his hand, seized his cutting-knife, and rushed on his wife to kill her and her infant. She had great difficulty in escaping. Several persons, however, soon rushed in, and the physician, on arriving, bled him and prescribed medicines. By mid-day he became calm and slept. At night he had full use of all his mental faculties, but recollected nothing of what had happened during the day. The other cases are analogous.

The celebrated Heirn, of Berlin, publishes this case : A public functionary, generally esteemed, and still living (1817), the Counsellor of State L——, at Berlin, has enjoyed good health always. One night he awoke suddenly, his breathing was stertorous ; his wife wished to assist him, but he attacked her with violent fury, and made repeated attempts to throw her out of the window. After a contest of an hour and a half, he desisted from weariness, and the cries of the victim brought aid. An emetic put an end to this fit of insanity, and during fourteen succeeding years there had been no return of it.

Again, a female, subject at every menstrual period to mental disorder, grossly insulted, at one of these, another female, and had no subsequent recollection of it : Professor Berends, of Frankfort, on the Oder, was consulted on the case, and gave it as his opinion, that such a condition was quite possible.



Dr. Boileau De Castelnau proceeds to give additional cases from his and others' experience, and observes that in some of them a dominant circumstance, as a cerebral affection in infancy, leaves such a diseased condition of the encephalon that the organ is unable to resist an access of violence, and then a slight exciting cause supervening, the individual becomes incapable of preventing the criminal act, at the time, and subsequently losing all recollection of it. Sometimes these insane have the good fortune immediately to have persons near them who understand their peculiar state. In the following instance, kleptomania (stealing mania) was on that account not followed by judicial proceedings.

The case is given by Dr. Thore, of a boy, aged seventeen years, who was seized with hallucinations of sight and hearing during convalescence from a very severe attack of typhoid fever. He left home secretly, went to a neighbouring fruit-seller, offered to buy the whole contents of his shop, and stole a case of prunes. On another day he leaped over a wall, in order to get the grapes in the garden. Eating these, he was attacked with fever and diarrhoea, but still continued to steal everything on which he could lay his hands, saying it was for his brother. The insanity increased, he was placed in the Bicetre, where he died of epidemic cholera in 1849.

Our actual state of knowledge on this subject warrants us (as Dr. Bouchet and Morel have particularly insisted in their writings) in recognizing diseases produced by a sensibility which the judgment cannot direct, and manifested by disorderly and criminal acts. This form of insanity, indeed, brings along with it more breaches of social order than that which arises from perversion of the intellect.



A distinguished psychologist, Dr. Lunier, in agreement with many authorities, asserts, that, through various causes, individuals thus situated are unable to withstand the power of some predominant idea, either previously existing or suddenly excited. Hence this idea may induce suicide, murder, or robbery.

To the numerous instances already on record may be added two which have occurred particularly under the observation of the author.

A female concealed her pregnancy. Her parents urged her in vain to confess it, but she obstinately refused to do so, although a midwife, on examination, had no doubt of the fact. She was delivered alone. With a small pocket knife she inflicted very many wounds on the body of the infant, and completed the whole by cutting off its head. The bloody remains were concealed under the bed-clothes, but her parents discovered her situation and the murder. She did not deny it. A neighbour said to her, "You have committed a great crime, and justice will avenge itself." "I deserve it," was her answer. To the public prosecutor she owned her crime, and attributed it to the abandonment of her lover, adding "do with me as you please."

Now by distinguished medical jurists in this specialty the great number of wounds inflicted is deemed a characteristic symptom of insanity. It demonstrates a complete want of moral sensibility, and of the proper appreciation of actions. So also with the circumstance of the bold avowal of the crime.

But in this case, also, was urged the excuse of a hereditary insanity. Affidavits were presented showing that the mother of the criminal had been attacked with paralysis during her pregnancy with her first child,—that she thus lost the use of her right side, and that this inability

continued during the remainder of her life, or for the twelve ensuing years. Further, that during the existence, of this palsy, she had three children; the first died three days after birth; the second, the present criminal, had been irregular at the beginning of puberty, and required medical treatment; while the third, a boy, was during the first five years unable to walk or talk. Besides this, it was shown that the maternal grandfather had died in a state of complete mental imbecility. In conclusion, this official paper stated that the female was of a respectable family, and had undoubtedly been seduced under a promise of marriage.

Our author insists much on the condition of the criminal, being in a puerperal state, greatly influenced by shame and despair, and quotes from Drs. Reid and Webster, the comparatively great number of cases of this description among the patients in an asylum.

The jury found her guilty, with extenuating circumstances (*circonstances atténuantes*), and she was condemned to imprisonment for ten years at hard labour.

Another case was brought before the same court, and directly under the observation of the author.

An inhabitant of the commune of Gard, returning from labour, met his wife and accosted her, "My merry one (*gaillarde*), is the soup ready?" She replied with the blow of a knife, which killed him, and immediately on this endeavoured to hide the body. There was, or had been, no antecedent circumstance occurring in the family as a motive for this crime.

She was arrested, and on her way managed to escape from the officers of justice, and threw herself into a water sluice, from which, however, she was taken alive.

On trial it was proved that she belonged to an insane family. Her maternal aunt had for many years laboured

under mental alienation. The daughter of this aunt was morose, and subject to extreme attacks of fury. Again, the father of the criminal was proved to have frequent fits of rage, so as to induce his neighbours to deem him out of his head ; the mother was no better ; the maternal grandmother had drowned herself without any known cause ; and, finally, the criminal herself, since her last pregnancy, had been frequently seized with violent attacks of rage without any apparent reason. She was confessedly feeble-minded. In one word, the inhabitants of the commune had for a long time united in deeming this an insane family.

Dr. Castelnau observes that this case is settled, as to its character, by the law laid down by Georget. That author, after long research into the nature and history of homicidal mania, announced the following as a diagnostic between crime and the blind and irresistible impulses of the will : “ A horrible act, a murder, an arson, committed *without cause, without motives of interest*, by an individual whose *actions have been previously correct*, must be the result of insanity.”

In the present instance this female had no motive, interest, or even pretext, to murder her husband. She belonged to an insane family, and everything proved that she had acted under an impulse of instantaneous mania. She was pronounced guilty, but extenuating circumstances were admitted, and the punishment was reduced to imprisonment with hard labour for ten years.

It is manifest, from these repeated verdicts of juries, that whilst they countenance the idea of insanity, they are still unwilling to return such unfortunate persons upon the community. This brings us to one of the great wants of the present day, viz., *special asylums for insane*



*persons, authors of qualified offences or crimes, and to which our courts of justice may send all of them, at once.*

In Belgium, a law passed June 18, 1850, sanctions this plan. In England, a part of Bethlehem is set apart for the criminal insane. The Commissioners of Lunacy in that kingdom solicited, in their report to Parliament in 1844, either an increase in this respect, or the erection of a building expressly and solely for this purpose.

But after all, it is of most importance, as has been already pointed out by many writers on insanity, and by myself in a treatise on the Penitentiary System, published in 1845, that EDUCATION should be primarily attended to. In this resides the prophylaxis of social order.

If these females had received elementary education, in the true sense of the term, neither of them would have committed murder ; their moral and intellectual faculties would have been so much exercised as to enable them to overcome the fatal impulse.

Let us not, however, be understood to assert that a uniform system of education can be obtained so as to avoid all evil. The mental faculties are extremely diversified, and there should thus be instruction appropriate to individualities. And even when this has been attained, we must still be charitable, and judge every one according to his particular strength of mind. In one of the cases before us, the female with the hereditary tendency was cruelly seduced, and the criminal thus acting ought, in justice, to have shared her punishment.

Entertaining then a strong conviction that want of education is a fertile cause of crime, we have, in common with several friends, and aided by an intelligent administration, obtained the appointment of instructors in the central prison of Nismes, and the example has been followed in several others.



Prisons, such as they are, destroy, and do not correct, *and we are forbidden to take the life of a fellow-creature.* (The author quotes several texts of Scripture in defence of this.) There should be a Christian Penitentiary System.

*Conclusions.* — 1. Instantaneous alterations of the mental faculties occur, inducing instantaneous insanity. 2. The first manifestation of this sudden change may be what we style a crime. 3. The person committing such an act should be placed in an asylum specially set apart for such. 4. They should remain there until examined by a special jury, and who shall certify to their cure. The minimum period of sequestration should be fixed by the court.

Further as to these culpables ; no more death-punishment, but a conversion of the prisons into places of moral, intellectual, and professional instruction.

Let us indulge the same commiseration towards aberrations of the mental faculties as we do with other diseased changes ; let us bestow equal attention on both.

This doctrine has nothing dangerous in it ; the danger consists in not acknowledging the facts which constantly occur, and thus not providing against or preventing the evils which more or less menace all.

## ARTICLE II.

## THE LUNATIC HOSPITAL AT HAVANA.—

BY PLINY EARLE, M. D.

THE time, perhaps, is passed at which foreign institutions for the insane could furnish us much information of practical importance, in regard either to their construction, organization, appointments, or management. The travelers of the last twenty years have already spread this knowledge, as a feast, before us. Professional men, appointed for that special purpose, have been sent abroad by the trustees of some of our asylums ; others, less fortunate in obtaining a commission, have gone for the same object, but each as the delegate of himself alone ; and yet a third class, those who have traveled for the accumulation of general medical intelligence, have lent their assistance in this specific department. Nor have these been the only media through which this instruction has been obtained. Some non-professional tourists have imparted something of it, in their letters or their books, and the European periodical publications devoted to mental disorders have not been wanting in the successful endeavor to render similar assistance.

At home, a desire to see the insane comfortably provided for has been very extensively awakened in the breasts of the people. Legislators have partaken of this emotion, and legislatures have thus been stimulated to effective action. Trustees and boards of directors have

caught the generous enthusiasm, and have taken a deeper and more active interest in their *protégé* institutions. The medical superintendents of hospitals, imbued with the spirit of philanthropy, ambitious of excellence in their specialty, and fearful of falling “behind the age,” have been urged into a rivalry—a manly, dignified, generous and unembittered rivalry—to bring, each the institution under his care as nearly to perfection as possible. And one there is who, through much sacrifice, has traversed our country upon her mission of mercy, combating ignorance, error, indifference, and prejudices grey with the frost of ages. Her pathway is no less apparently marked than that of spring, as this vivifying season passes over the slumbering and frozen earth. May the blessings of Heaven, more grateful than the dews of Hermon, abundantly descend upon herself, as they have descended upon her unceasing labours for the welfare of the afflicted of her race. Generations yet unborn may well “arise to call her blessed.”

The valuable lessons thus learned by observation in European countries, and from experience in our native land, together with the prolific ingenuity and unremitting industry of persons immediately interested in the subject upon this side the Atlantic, have combined in so far perfecting our establishments for the insane that, as a whole, they will not suffer in comparison with the similar institutions of any other nation.

We have not, however, attained perfection. The road of improvement is still open. “Onward,” continues to be the watchword of those who are engaged in the enterprise. Devoted talents will still contrive new expedients for the further melioration of the condition of the inmates of our hospitals. An occasional suggestion of utility may yet be obtained from foreign lands. It is becoming, at



least, to obtain a knowledge as extensive as possible of the institutions of all other countries. If it be of no practical advantage, it may preserve us from the error of unduly magnifying our own labours, inasmuch as it gives us the power of accurately appreciating those of other people.

The Island of Cuba, long since very appropriately designated by the Spaniards as the "Queen of the Antilles," lies in perennial beauty, another Eden in fertility, within the limits of the torrid zone. It was settled and is still inhabited by a race of people less known to us for their benevolence and philanthropy than for some other, perhaps more prominent characteristics. The teeming abundance of the products of the soil, and a climate warm and somewhat enervating, have there, as elsewhere, their usual tendency to induce those habits of luxurious indolence which are ever unfavourable to the greatest development of the intellectual and moral faculties. Yet the warm heart of the Castilian, which, in former days, stimulated the *hidalgo* and *cavalliero* to deeds of chivalric renown, has not, in Cuba, left the poor devoid of assistance, or the afflicted without relief. A charitable institution was founded, many years ago, in Havana, and has since been known by its original title—*La Casa de Beneficencia*. The most prominent object of the founders of this establishment was the protection and education of poor and parentless children; and the Orphan Asylum, which still constitutes its most extensive department, is little, if any, inferior to the best in other countries. The income of the *Casa de Beneficencia*, which is principally derived from the rent of property given or bequeathed to it, amounted, in 1842, to over eighty-six thousand dollars, and, in 1851, to about seventy-five thousand. Where is the charitable institution, in the United

States, so richly endowed, so abundantly supplied with the means of doing good?

In May, 1823, Don Francisco Dionisio Vives, who was subsequently honored with the title of *Conde de Cuba*, received the office of Captain-General of the island. His conduct, while in this arduous and responsible position, was characterized by an active spirit of philanthropy. During this period the two departments for the insane were added to the *Casa de Beneficencia*. "He never failed," says the author of "Cuba and the Cubans," "to preside at the meetings of the institution, and to animate, by his presence, the drooping zeal of his colleagues in the direction." The female lunatics are kept in a section of the buildings of the Orphan Asylum, but the males have an entirely distinct establishment. Being in Havana, in the month of February last, I visited the latter, in company with Dr. Alfredo Sanvalle, the Director of one of the other hospitals. It is situated near the seashore, in the suburbs of the extra-mural portion of the city. Though at the season of the utmost rigor of our northern winter, the yard in front of the hospital was filled with flowers in bloom, and fig trees in bearing, while, at a short distance, the cocoa-palm, laden with its milky fruit, stood like a giant warrior, its graceful foliage bending like plumes before the breeze.

The author of "Notes on Cuba," the late Dr. Wurde-mann, visited this hospital several years ago, and his description of it is still so accurate that I shall transcribe it, rather than attempt to give one, in my own language, equally graphic.

"The building is of one story, about twenty-five feet high, with a dead wall on the outside (*i. e.*, next the road), and separated into three different sections, each opening into a central square, and communicating with



each other by large doors, while lofty porticoes form around each square cool promenades. The sleeping-rooms were very airy and clean, and it was apparent, from the number of beds in several, that many were not subjected to solitary confinement at night. There were, however, in smaller rooms, sets of stocks, in which, as a punishment, four or five of the most furious were confined, some by one, others by both legs. They appeared sensible of the cause of their punishment, and were quiet. One, however, had just torn in pieces a strong shirt which the servant brought to the keeper, who expostulated, rather than reprimanded him for having destroyed it. There was much kindness in his bearing towards the inmates, and, from his benevolent countenance, I believe it was not put on, for the moment, while under the eye of a stranger."

\* \* \* \* \*

"The third ward was appropriated to the colored insane, and here I found no material difference in the accommodations for Afric's sons from those for the whites. The yard was filled with clothes that had been washed and were drying in the sun; the keeper informing me that the work was done by the inmates, every two days, thus affording them an occupation, while it tended to preserve personal cleanliness. Next to this was a kitchen guarded by a bolted door. \* \* \* \* \* There was a large pot of very white boiled rice, and another full of vegetables and meats, the favorite *olla podrida* of the creole. \* \* \* \* \* Around the paved yard was an open drain, through which rushed a rapid stream of water, quickly removing the refuse from the whole establishment into the open sea, while a bathing establishment, supplied by the same stream, offered this most necessary luxury to the inmates."

To this general description by Dr. Wurdemann I can add only a few minor items. The average temperature at Havana is stated by writers upon the subject to be seventy degrees, Fahrenheit. Some tables which I have seen give sixty degrees as the lowest point to which the mercury ever falls. During the past winter, however, which, by the way, was, at Cuba, as at the north, one of almost unparalleled severity, it is asserted that it fell as low as fifty. In so genial a climate there is no necessity, in the construction of dwellings, of making any provision for heating the rooms. Neither does the much-discussed, difficult, and, perchance, still imperfectly-solved problem of ventilation vex the minds or tax the ingenuity of the Cubans. The windows of the hospital, like those of most of the private dwellings, are very large, extending from the floor nearly or quite to the ceiling. They have neither sash nor glass—in this respect, also, corresponding with probably ninety-nine hundredths of the other buildings in Havana. They have folding shutters on the inside, and on the outside are guarded, as in the ordinary dwelling-houses, by upright, cylindrical bars of iron. As the rooms are very high—from fifteen to twenty feet—and as there are but few days in the year in which the greatest degree of comfort can be secured only by having the doors and windows open, it is evident that there is no necessity for devising means of artificial ventilation.

The floors of the hospital are made of a firm, hard, and sufficiently smooth cement. The “bathing establishment” mentioned in the foregoing description, is in the yard at the rear of the third court. It is simply a cavity of mason-work, sunk into the earth, and, apparently, eighteen feet in length, eight in width, and three or four in depth. It is protected by a trellis bower, over which runs a species of vine, covered, even in February, with

large, golden-colored flowers. The beds of the patients consist of the common folding "cot" frame, with sacking bottom, two sheets, a blanket, and a light coverlet. This is the common bed of the creoles, and the traveller will often find no other in his room at the hotel or boarding-house. The only defect observable in those of the hospital was, that they were not furnished each with a mosquito-net, an appendage essential to the acquisition of a "good night's rest" in Cuba. Knives and forks are not used by the patients at meals ; spoons made of horn answer as substitutes.

The patients were nearly all in the courts and porticoes. They were decently dressed, cleanly in appearance, and very quiet. It would have been a novelty, if, in a hospital of this kind, some of them had not asked for money with which to buy tobacco. One of them, however, too proud to beg, was willing to accomplish the same object by selling some fancifully wrought toothpicks of his own manufacture. I saw no person with either limb confined—indeed, no means of effecting such restraint. I did not, however, go into all the rooms. A physician visits the hospital daily ; but, as far as I could learn, little reliance is placed upon what is strictly termed medical treatment. The patients attend no place of worship, have few, if any books, and small resources of amusement. Many of them work in the establishment, and at the Orphan Asylum. There, as here, great confidence is placed in the restorative influence of manual labor. The difficulty is, to find suitable work with which to keep them occupied. I was told that the director-in-chief of the Casa de Beneficencia is urging upon the board the importance of constructing a new establishment, in the country, where the greatest defect of the present position—the want of land—may be remedied.



The hospital for men can accommodate one hundred and fifty patients. In February last there were one hundred and twenty-four, but that was lower than the average number. During the preceding summer many (nearly forty, if I recollect aright) had died of the cholera. In 1842, according to Dr. Wurdemann, the number of admissions was fifty-four, discharges twenty-eight, deaths eleven, remaining at the close of the year one hundred and thirty.

I did not visit the department for insane females, and consequently can give no further information in regard to it than that which is contained in the following extract from the "Notes on Cuba."

"Their dwellings consisted of a number of rooms, in front of which a wide piazza extended its inviting shade, and a spacious yard offered the means of exercise. About sixty-five were here confined, of whom not more than a dozen were whites, the rest being of every shade from black to brown. Nearly all were walking about the yard, or through the dormitories, and talking to the idle wind. There could not be a happier set of lunatics. All their wants were supplied, and they were subjected to no medical treatment when in ordinary health, and had no fear of shower-baths, bleeding, and cups. I could not learn the correct number cured by this rude treatment, but several were thus annually relieved of their infirmity, probably chiefly by the absence of the exciting cause. \* \* \* \* In 1852, nineteen patients entered, twelve left, and seven died, leaving sixty-three at the end of the year."



## ARTICLE III.

1. *Third and Final Report of the Experimental School for teaching and training Idiotic Children ; also, the First Report of the Trustees of the Massachusetts School for Idiotic and Feeble-minded Youth.* Reprinted, with corrections by the writer, from House Document, No. 57. 8vo. Cambridge, 1852.
2. *Annual Report of the Trustees of the New York State Asylum for Idiots.* Transmitted to the Legislature, Feb. 9th, 1852. 8vo. Albany, 1852.

THE Legislature of Massachusetts, by an act passed May 8, 1848, appropriated twenty-five hundred dollars a year, for three successive years, for the support of the school named above. At the end of that period, by taking private pupils and practising strict economy, the final settlement showed an unexpended balance of one hundred and six dollars.

It is well remarked by Dr. Howe, the reporter, that—

“ The moral results of this experiment are not so easily measured and set forth to the common understanding ; but if there were a measure by which to mete the value of improving the bodily health, of reducing gross animal appetites into human moderation, of breaking up vicious and debasing practices, and of exchanging filthy habits for cleanly ones ; if there were a currency to represent the price of intellect dawning from a night of darkness, and of moral affections springing up from a chaos of selfish desires ; above all, if there were a standard by which to show the worth of happiness to parents, teachers, and friends,

at beholding the progress of our unfortunate pupils, and the moral advantage to the community of a triumph over seemingly insuperable difficulties in the way of human improvement,—if these measures and standards of value existed, so as to set forth the profit in numbers, it would far exceed the cost that has been incurred.”

We subjoin a series of extracts, all of which are of interest.

“The researches of the Commissioners in 1846–47 show the surprising and lamentable fact, that there are about twelve hundred idiotic persons in the State. This would appear incredible, but for the measures taken to verify it by minute and accurate research. In sixty-three country towns, containing an aggregate population of one hundred eighty-five thousand nine hundred forty-two inhabitants, the names and ages of all idiotic persons there found were carefully set down, and the number amounted to three hundred and sixty-one. Now the inference is inevitable, that, if the other parts of the State contain the same proportion, the grand total will be *fourteen hundred and fifteen*! But even admitting that other towns do not contain as many in proportion as these sixty-three, it is surely safe to say that the number is over twelve hundred.”

“In some large towns such persons (i. e. persons too feeble in intellect to be able to take care of themselves) are to be counted by tens and by scores. Now, if these unfortunate creatures were all to be brought together into one assemblage, they would present a spectacle of human wretchedness and degradation that might melt the hardest heart, and appall the stoutest. Its extent, indeed, might discourage all from attempting its relief, except those who have unwavering faith in God’s beneficence, and who believe that, as every one of these cases arose from disobedience to his laws, so by return to obedience their wretchedness may be lessened, and their reappearance prevented in some future generation.”

“It is not meant here, that all the thousand or twelve hundred persons just mentioned are idiots proper, that is, idiots as defined by exact medical writers;\* but they are not lunatics, and are not enumerated

\* Children or youth who have become enfeebled in mind by epilepsy, or by water on the brain, would be called epileptic, or hydrocephalic, and not idiots proper; but to all intents and purposes they are idiotic, and they are to be treated and trained as idiots.

among the insane. Such as are not "born idiots" either inherited from parents, who had themselves in some way violated the natural laws, very puny or scrofulous bodies, or they have become enfeebled in mind by epilepsy, by chorea, by solitary vice, by abuse of the animal appetites, or by other causes, to such a degree that, for all common intents and purposes, they are to be considered as idiotic ; for they are unable to take ordinary care of themselves, and are almost certain to grow worse, unless some special means beyond common reach be provided for their treatment."

"The act of May 8, 1848, provided that at least ten should be taken from indigent families, and a fair trial made of their capacity for improvement, at the charge of the State. The responsibility for the proper expenditure of the appropriation was assumed by the trustees of the Institution for the Blind, who committed to the undersigned the task of organizing and superintending the school. It was found necessary, however, to take several private pupils, for, without an additional revenue from some source, the State's appropriation would not have sufficed to defray the actual expenses of an experimental school.

"The trial of three years has been satisfactory, and has abundantly disproved the common notion, that idiots are incapable of improvement. It has done this, though it was not conducted under circumstances favorable to the experiment ; but, on the contrary, in the face of many disadvantages, some of which will not be likely to exist in future. It may be well to mention some of these circumstances now, so that the measure of success heretofore attained may not be considered the limit of that which is attainable.

"In the first place, the work was a new one, in this country at least. Saving the undersigned, no one employed in the school had ever been engaged in an attempt to develop the minds of children of imperfect intellect. Whatever might be the zeal of the teachers whom he employed, they had to lose some time, and make some mistakes, in learning their own lesson.

"In the second place, a school for idiots should not only have (as ours had) zealous and devoted teachers, all of whose time and attention should be devoted to the immediate care of the pupils, but likewise the constant and close oversight and care of a person well versed in physiology and the laws of hygiene, as well as the more immediate philosophy of mind, in order to direct and vary the kind and amount of bodily and mental exercise of the pupils according to varying circumstances. But it was not possible to pay a salary to a competent person ; and the humble ability which the undersigned may possess in this way could not be



made so useful to the school as was desirable, on account of the pressure of other occupations.

“ In the third place, the pupils upon whom the experiment was tried were not so favorable subjects as they should have been. This is not mentioned in the way of complaint. The task was to teach idiots, and none but idiotic children were desired. Indeed, some, who after a little trial, and after being encouraged by gentle, discriminating treatment, were found to have too much intellect for the school, were sent away. But there are idiots of all degrees, and it is evident that, in order to counterbalance the disadvantages which have been pointed out, the pupils selected ought to have been a little better subjects of instruction than the average of idiots of their age. The following statement will show, however, that they were not.

“ The whole number received was thirty-two, but as only twenty-eight were received prior to the last three months of the school’s continuance, their condition will alone be described.

“ The majority of them were too old. The age at which idiotic persons are put under training is a very important matter. The most favorable period is the earliest age at which the child can dispense with a mother’s care. More can be done between five and ten years of age, than between ten and twenty. After ten years of age, every day’s delay is a day’s loss. The organization becomes less pliant; the senses are less capable of high development, the faculties less susceptible of culture; evil habits become confirmed, and the chances and facilities for improvement much diminished. At fourteen or sixteen, though something may yet be done, the most of it is in the way of correction; it is a tough stick, and not a tender twig, that is to be straightened. Besides, the youth who has been long neglected at home has an unfavorable influence upon other pupils when he comes to the school; he teaches bad habits by example, and exerts a general untoward influence.

“ Now the average age of our pupils was twelve years, and that of twelve of the twenty-eight ranged from thirteen years up to twenty.— In respect to the important matter of age, then, our pupils did not present a fair test of the merits of the system of training.

“ The most favorable subjects for training, as a general thing, are those who enjoy good bodily health, who are free from epileptic and other fits, and whose heads are not enlarged. In this respect, certainly, our pupils did not present favorable specimens, for of the twenty-eight, four could not sit erect, seven had very imperfect use of their limbs, and six at least had been subject to fits. Of the whole, not more than half were sound in limb and in good bodily health.



“ In regard to the degree of natural intellect and acquired knowledge, very little is to be expected ; but it should always be borne in mind, that in these things idiots differ from other persons not in kind, but in degree, The degree in which they possess mind and knowledge varies, some having so much that they can hardly be distinguished from other men, others having so little that they can hardly be distinguished from monkeys. Some of our pupils were from each extreme, but upon an average they certainly were not too favorable specimens of their class.

“ It is difficult to convey to those who do not know the pupils an idea of their standing compared with ordinary persons. Many things are to be considered, but the best single test is that of the *faculty of speech*.—The capacity and the desire to manifest thought by vocal language constitute the chief distinguishing characteristics of man. These are so strong, that there is hardly an impediment in the structure of the vocal organs which they will not overcome. If the child has hearing, his thoughts will be coined into words, and leave an impress plain enough to be understood, even though the tongue should be wanting in whole or in part. And even if he lacks hearing, still the force of the innate disposition to talk is manifested by his seizing upon the best substitute for audible signs of thought, and making visible ones, or gestures addressed to the eye. But if the child really hears, and does not talk, it is a sad symptom, foreboding much future evil. There is always a possibility, indeed, that it arises from functional and temporary disorder of the brain, or other parts of the nervous system ; but the chances are as a hundred to one that the child lacks understanding, that he has no thought or idea to express,—nothing to say,—and, having never acquired the *habit* of talking without meaning, remains dumb. Tried by this test, our pupils were low enough. Of the whole number, seventeen were dumb,—many of them absolutely so, the others only making two or three sounds, resembling words indeed, but which they used only as exclamations or interjections. Four used single words correctly ; five could construct simple sentences with more or less grammatical correctness, and only one used language well. He, however, was not retained long.

“ It is true, that some writers upon idiocy do not consider dumbness as one of the characteristics of the class, but they strive to establish a difference in *kind* between idiots and ordinary persons, to a degree which seems unphilosophical and undesirable. It is true, also, that some of our pupils are very talkative, showing their scanty stock of thought in a few words incessantly repeated ; but we must carefully distinguish between copiousness of language and garrulity. To talk is the gift of the race, to gabble is the gift of certain individuals. Some idiots, who

can never be taught to talk intelligibly, gabble over a few words incessantly."

"Four of the twenty-eight persons sent to the school proved to be either occasionally or continually disordered in intellect, to such a degree that they could not be retained."

"Of the whole number of pupils of whom account is to be made, four, the youngest of whom was about six years of age, could not sit erect, and had no use of their limbs when they entered the school; they could not even put victuals in their mouths. Two of these only proved to be proper subjects, and remained. They have both greatly improved: they can sit up at a desk or table, and one can use his legs and toddle about by holding on to the wall.

"Seven had very imperfect use of their limbs. They could walk about a room feebly, but could not help themselves. Of these seven, four only remained; and of these four, three have greatly improved; the other has not.

"Seventeen were filthy in their habits. Of these, thirteen have greatly improved. Most of them are now habitually clean, and always desirous of being so. The other four have as yet made little improvement.

"Twenty-two could not dress themselves. Of the twelve who remained over a year, eight now dress themselves without assistance.

"Of the whole twenty-eight, twenty-one could not feed themselves. Of these twenty-one, eleven only were retained more than a year, but all of these save one have greatly improved in this respect.

"With regard to intellectual condition, eighteen were dumb, or used only a few detached words in an interjectional sense,—as Mamma! Of these, only ten remained. Four now talk, that is, use more or less words with meaning; two begin to do so; and four are still mute.

"Four used single words. Three only of these remained, and of the three, two now put their words into sentences. The third has improved.

"Five of the whole could make and use simple sentences. Four have remained, and have greatly improved in the use of speech.

"Of the whole number, only four knew their letters. Of the remaining twenty-four, only twelve remained over a year. Of these twelve, eight now know their letters and can make out single sentences, and some can *read* simple stories."

"Such are some of the results of the Experimental School for teaching and training Idiotic Children, as far as they can be set forth in num-

bers and words ; but, as was observed before, the principal result, being of a moral nature, cannot well be so set forth. It is a delicate ordeal which public institutions of beneficence pass in rendering a report of their works. They may not be able to render a full account of all the good they do, even if they would. The balance, however, in which some would weigh the worth of their works, is not fit for the purpose : one might as well weigh diamonds upon hay-scales. For instance, they say the State has granted seventy-five hundred dollars for this Experimental School, and, by the showing of its friends, there has been but a score or so of idiotic children in any way benefitted ; while with the same amount of money we might have sent many gifted young men to college, or taught hundreds of children in common schools, and they would have been worth more to the State than all the idiots that ever were or ever will be in it.

“ But not so taught He whose simplest words are wiser than the wisdom of wise men, and who told us, that, if one sheep be lost, we should leave the ninety and nine and seek until we find it. And shall we not, especially since we need not leave the ninety and nine in the wilderness of ignorance,—shall we not seek our lost lambs, and gather them into the fold of humanity, that none may be lost, and that we may give account to Him, who surely will demand of us his own, and with usury too ? ”

While these results were in progress, the Legislature of Massachusetts, on the 30th of April, 1851, appropriated five thousand dollars per annum, upon certain conditions, to the Massachusetts School for Idiotic and Feeble-Minded Youth. The Experimental School was thus merged in the present incorporation. Dr. Howe was appointed Superintendent *pro tempore*, under this organization, and Mr. Vose, Principal Teacher. The institution has also been so extremely fortunate as to obtain the temporary services of Dr. Seguin, of Paris, whose writings on this subject are so well and so extensively known. It is stated in a note that “ Dr. Seguin has agreed to take charge of the school long enough to organize the classes, and introduce his method of training. He has now been engaged about two months in training



some thirty pupils, and given abundant proof of his ability.

“ This gentleman is well known to all who are familiar with the history of the instruction of idiotic children in Europe, by his scientific and able work, *De l'Idiotie, &c.* He was at the head of the first public institution organized in France, and afterwards taught a school for idiotic and backward children.”

“ The whole number of pupils received from the Experimental School was fifteen. Of these, ten were State beneficiaries and five private pupils.

“ The number received since then is twelve, of whom ten are State beneficiaries, and two private pupils. There are, however, quite a number of applicants, and still more whose friends are inquiring about the School, so that without doubt the number of State beneficiaries will soon be as great as is required by the act making the appropriation.

“ The first and most important matter was to obtain a suitable building in which to locate the School, as the apartments which it had heretofore occupied, in the edifice of the Institution for the Blind, could no longer be used for that purpose, even if they had been large enough to accommodate more pupils.

“ It was considered to be more desirable, of course, to have a house with sufficient land for agricultural purposes, even the first year, and to be absolutely necessary to have one as the permanent location of the School, but no such premises could then be found. There was, however, urgent necessity for immediate removal from the Institution for the Blind, and as a large and commodious house in South Boston was offered, it was rented as a temporary measure, and the pupils were removed early in November.”

“ Experience has shown that little reliance can be placed upon the description of children sent by applicants for their admission. In order to prevent trouble, and to secure the advantages of the School to those who are really capable of improvement, all pupils will hereafter be received upon trial, and the question of their reception as permanent pupils be decided at the end of a month. Children who are epileptic, insane, or hopelessly hydrocephalic or paralytic will not be retained, to the exclusion of others as to whose capacity for improvement there is little doubt. This establishment, being intended for a school, should not be converted into an asylum for incurables.”



2. The Trustees of the *New York State Asylum for Idiots* state that after having spent some time in searching—

“ For such a building as was required and in such a place as should be adapted to the peculiar necessities of the institution, the committee recommended and the board adopted the large, spacious, airy, well arranged building on the Troy road, about two miles from the capitol, belonging to Stephen Van Rensselaer, Esq., who with great liberality agreed to lease it to the State for two years at a rent, not more probably than one-half the actual annual value. The building required very little repair; but some alterations were necessary to adapt it to our purpose, and it was deemed indispensable to supply it with pure water, in large quantity for the laundry, and for bathing. These occasioned some expenses. We think, however, that no one can visit the establishment without being struck with the fitness of all its arrangements, and the supply of every thing required for the health, comfort, and convenience of the inmates, and for the course of training to which the system of education subjects them.

“ A part of the committee appointed to select a superintendent teacher, repaired to Barre, in Massachusetts, where a private school for the training and instruction of idiots had been maintained for more than three years, by Dr. Hervey B. Wilbur. Their object was to become acquainted with a subject so novel to us, in order to qualify them to decide on the qualifications necessary for the principal teacher. They found the school in such admirable condition, they had such evidence of the great capacity of Dr. Wilbur, of his devotedness to a wearisome and trying labor, from which most men of education and refinement would recoil, and of his great success, that they determined on an effort to induce him to leave his very profitable school, and take charge of the proposed asylum for this State. Personal interviews between him and the other trustees induced the latter to concur heartily in the views of their committee. After some negotiation, a proposition, intended to be liberal, was made to Dr. Wilbur for the services of himself and his family, including his medical care of the pupils, and accepted by him. With his advice the building was selected, and by his assistance and direction it was put in order, the necessary furniture and school apparatus provided, and the asylum opened for the admission of pupils in the month of October last.

“ The act establishing the asylum limited the number of State pupils to twenty, to be selected from those whose parents or guardians are unable to provide for their support, some of them from each of the judicial districts of the State.

“ Considering the nature of the enterprise as experimental, it was deemed by the trustees of importance that the selection of pupils should be made with the greatest care, so as to secure those who were proper subjects, who were of an age to be moulded and trained, and who should exhibit a fair average of the great varieties of idiocy. The board determined to select two from each judicial district in which proper subjects could be found, and to distribute the remaining four according to the number of applications throughout the State at large. A judicial district was assigned to each trustee, (excepting the Governor) who dispatched circulars to gentlemen in each county of his district, requesting them to seek out idiot children under 12 years old, in the condition required by the law and possessing the requisites specified in the circulars. These were extensively circulated, with others sent out by the Governor generally. From the returns made, and from applications made by individuals, selections have been made from time to time, of which a list is appended. There are now sixteen State pupils in the institution, two selected, but who have not arrived, one application that will be granted and one vacancy, and seven pupils whose parents or friends pay different sums, according to circumstances, for their support.”

From Dr. Wilbur's report we copy the following :—

“ Of the 25 pupils that we have received at our asylum, 12 could not speak a single word. Of these 12 who were speechless, 6 had no idea of language, could not comprehend a single word or command addressed to them. Of those who were not dumb, 3 say but a few words and those indistinctly ; and still 2 others who did not speak till nine years of age, and now but indistinctly, and with a very limited number of words.

“ Seven walked imperfectly, 3 were subject to partial paralysis, 11 had been subject to convulsions, 8 were subject to excessive flow of saliva, 7 were utterly inattentive to the calls of nature, and several others required constant watching to preserve cleanliness, and five were described as very irritable. A greater portion were unable to dress or undress themselves, and but four of the whole number could feed themselves with propriety. None of them could read or write, or count, or distinguish colors by name.

“The range of development is from one who is but little below the lower grades of ordinary human intelligence, and who could not be taught to read, or write, or count, by the ordinary educational efforts for that purpose, down to one who cannot walk, nor stand, nor even sit alone; who cannot feed herself, has no idea of language, no fear of falling, faint perceptions of the objects of sight, and who would have starved to death with food within her reach and before her eyes.

“Taken as a whole, they are unquestionably below the mass of idiots in the State in point of intelligence, and for the obvious reason that those parents whose children were among the most marked cases of idiocy, would be the first to avail themselves of the State charity.

“One fact with reference to them should be borne in mind, however. These are young idiots and, therefore, of the most teachable age, the proper school-attending age of ordinary childhood. As such, they are free from the confirmed habits which constitute, in the main, the disagreeable or repugnant features of the common appreciation of idiocy. Their whole organization is more flexible, more susceptible of development.—The physical defects or infirmities with which the idiocy is connected, or upon which it is dependent, are more amenable to proper rules of diet, regimen or medicine. And to prevent any misapprehension of my meaning in this report, when speaking of idiocy, I will venture to define the term, even at peril of adding one more to the number of definitions that have been successively declared imperfect or erroneous.

*“Idiocy is the want of a natural or harmonious development of the mental, active and moral powers of a human being, and usually dependent upon some defect or infirmity of his nervous organization.*

“I use the word *idiot*, too, in a generic sense and with similar latitude, sanctioned as such usage is by the derivation of the word, by the custom of the most approved writers upon the subject, and still again by the popular idea of the word, as evinced by the variety of subjects for whom applications for admission have been received at our institution.

“Now in visiting our asylum and observing the pupils gathered there, or in reading the summary statement I have already given of their present peculiarities, you may notice the usual phenomena of idiocy. Here you will see manifested in almost every case the evidences of imperfect physical organization, though you will not see, except in two or three cases, any very noticeable deviations from a regular form of head or face; and in these few cases the comparative deviation is no criterion of the extent of the idiocy. Here are exhibited a variety of *physiological* symptoms. These constitute the prominent features in the popular ob-



servation and idea of idiocy. Absolute muteness or imperfect speech, the wandering gaze or fixed and vacant stare, imperfect hearing, defective or excessive sensation generally, excessive restlessness or inertia, certain mechanical motions always done in any assemblage of idiots.—Nor will a variety of disorders of function of the various organs be unnoticed.

“ Finally, one may witness in all cases a deficiency in the great exciting and regulating principle of human thought and human action—the *human will*. It is this peculiarity that seems to underlie all the other constant symptoms of idiocy. Now it is exhibited in a pupil whose mental faculties seem adequate for any ordinary intellectual operations, and yet they wander vaguely uncontrolled, without collecting food to nourish or invigorate them. Now, still more prominently, in a subject, with adequate muscular power, with intelligence sufficient to direct that muscular ability, with appetite craving, and yet a want of power of *will* to extend the hand for food.

“ In general terms our pupils may be described as affectionate, mild and obedient, and easily amused or rendered happy. Still their pleasure and happiness is derived, not from the impressions resulting from sensation generally, but from the continued repetition of a limited number of impressions. And it should be observed as having an important bearing upon the duty we owe them of education, that, left to themselves, the range of these sensations rather diminishes with increasing age; and feeble sources of pleasure as they may now seem, they will yet pall under the ceaseless repetition.

“ Regarding, then, these pupils at our asylum as representatives of the whole class of idiots in the State, I will notice, briefly, the immediate objects and ends of any rational efforts for their relief and education.

“ We do not propose to create or supply faculties absolutely wanting; nor to bring all grades of idiocy to the same standard of development or discipline; nor to make them all capable of sustaining, creditably, all the relations of a social and moral life; but rather to give to dormant faculties the greatest practicable development, and to apply those awakened faculties to a useful purpose under the control of an aroused and disciplined will. At the basis of all our efforts lies the principle that the human attributes of intelligence, sensitivity and will are not absolutely wanting in an idiot, but dormant and undeveloped.

“ Gross misconceptions I know prevail upon the true nature of idiocy that produce a want of faith in the teachableness of idiots. These arise partly from the crude and hasty observation of a limited number of cases,

and are confirmed by the common expressions one meets with so frequently whenever the subject is written about or spoken of. Even the witnessed or well authenticated results of efforts for their education are regarded as if they were the performances of trained animals ; as if because their animal nature is developed, somewhat at the expense of the spiritual, they were endowed with instinct, instead of reason, by the Creator. But it should be remembered that they have a human origin ; that however they may differ in physical, mental or moral organization they are yet human beings ; that their degradation in the scale of humanity, however it may modify, constitutes no absolute release or outlawry from the duties or rights which belong to them as human beings, and finally, that they have a human soul, a human destiny. It should be remembered (to borrow the forcible language of another applied to a very different subject,) ‘that the difference between the dying and the undying—between the spirit of the brute that goeth downward and the spirit of the man that goeth upward, is not a difference infinitesimally or even atomically small. • It possesses all the breadth of the eternity to come, and is an infinitely great difference. It cannot, if I may so express myself, be shaded off by infinitesimals or atoms ; for it is a difference which, as there can be no class of beings intermediate in their nature between the dying and undying, admits not of gradation at all.’ Now while this principle of the existence of the germs of all the immaterial faculties, powers and capabilities, no matter how defective or feeble the material organization, may seem difficult of application in certain cases within the range of our conceptions ; yet it should be remembered that this creature of abstractions is not the creature of reality. As you descend in the scale of human degradation the numbers diminish. The greater the exception to the ordinary and natural conditions of humanity, the rarer is the case. As a matter of practice we have to deal mainly with those, where we can, with but a superficial observation, detect the rudiments and germs of proper physical, mental and moral endowments. Let me present briefly to your attention some of the special means for awakening the dormant powers and faculties of our own pupils : In the first place, where the idiocy is dependent upon a very marked physical imperfection or infirmity, and these of a curable character under the application of proper remedial means, as in the case of Cretins in the Alpine valleys, of course suitable moral training conjoined with proper remedial measures will result in the complete removal of the idiocy. A multitude of well authenticated cases of complete restoration from the lowest grades of idiocy connected with Cretinism, to a well developed and disciplined intelligence sufficiently attest this opinion. Such cases of ex-

treme physical depravation, and at the same time so yielding to proper restorative agencies will constitute the exceptions in idiot asylums in this country. Still the physical causes and symptoms will always be so prominent as to direct the first efforts of the teacher towards the physical training of the idiot. These physical exercises will have the object of establishing the control of the will over the muscular system, cultivating the imitative faculty and fixing the attention of the pupil.

“Then we have recourse to what may be more strictly regarded as educational means.\* These means, compared with the exercises in the ordinary educational systems, are as much more varied and comprehensive as the peculiarities and obstacles in the way of instruction are greater in the one case than in the other. In the case of ordinary children, all the natural channels of communication between the mind and the external world are open. In addition, the mind sits alive and awake to receive and appropriate to itself the facts and phenomena communicated through those senses. Sensation is a law of their being; perception is the next natural step from sensation; and memory, comparison, and judgment as naturally follow. Educated by these simple intellectual operations, their minds turn inwardly, and with the exercise of consciousness, become capable of comprehending the laws of mind. Their wills undergo a simultaneous development, through the reciprocating influences of intelligence and will. In the case of our pupils, as we have seen, these natural avenues between the mind and the world of relation are more or less obstructed; and not only so, but the mind itself, inert and feeble, sleeps while the dull sensations are calling faintly for entrance. Their sensations are imperfect; they awaken no perceptions, or if any, but indistinct and limited, and consequently faint and feeble will be, if any, the mental operations that follow. To obviate these conditions, we educate the senses till they perform their office with correctness, precision, and celerity; we increase the faculty of imitation; we awaken the perceptions, securing correct notions of surrounding and familiar objects; we excite a healthy curiosity; we cultivate the memory and comparison; we arouse the will by appropriate stimuli, produc-

\* “To Dr. Edward Seguin, the pupil and friend of Itard and Esquirol, is due the credit of first systematizing the educational means in the case of idiots. To his very able works upon the subject I beg leave to make this public acknowledgment of my continued indebtedness from the very outset of my labours in the same cause. Well deserved tributes to his great excellence as a teacher and philanthropist may be found in the contributions of Dr. Conolly to the *British and Foreign Medical Review*, and in the very interesting letter of Mr. George Sumner, which constitutes the greater portion of the first report of the Mass. commission on the subject.”



ing activity, spontaneousness, and self-reliance ; we nourish the feeble flame of emotions, desires, affections, and a proper sense of right.— During all this course, our ceaseless effort will be to reform improper habits and teach the proprieties of life.

“ Now it must be obvious to you, gentlemen, that many of the principles adopted in any judicious course of instruction for ordinary children will be equally applicable to our pupils.

“ I will not occupy any space in enumerating the details of modes and appliances adopted at our asylum. You have witnessed some of them in your periodical visits to the asylum, and the institution is opened by your regulations at stated periods for the inspection of all interested ; nor shall I object to any still more general visiting compatible with the *interests of the pupils*.

“ Having thus described the immediate objects of our special system of education, I am led to the question, which is the practical one, in any wise and thoughtful consideration of the subject : What is the ultimate object and end of the education of idiots ? What is to be the effect of this education upon their future life, both with respect to themselves and to society ? I answer them in general terms. Education is a means, not an end. That it is a well-established principle, that a proper education gives increased capacity for usefulness, increased understanding of and subserviency to social and moral obligations, and increased capacity for happiness.

“ But great as are the benefits of education in ordinary cases, its achievements are still greater when, instead of increasing the capacities of the pupils, it substitutes capacities for incapacities ; when it restores a class of human beings, now a burden to community, destitute of intelligence, degraded and miserable, to their friends and to society, more capable of development, under the ordinary circumstances of human development ; nearer the common standard of humanity, in all respects ; more capable of understanding and obeying human laws ; of perceiving and yielding to moral obligations ; more capable of self-assistance, of self-support, of self-respect, and of obtaining the greatest degree of comfort and happiness with their small means. And will not this be the effect of the system of management and education for idiots, which I have imperfectly described, which confirms their health, which educates their various muscles till they are possessed of dexterity ; which teaches them to *observe* of themselves, the objects, facts, and phenomena by which they are surrounded ; which teaches them to *compare* these phenomena one with another, and to *reason* upon these observations and

comparisons ? No matter how simple, at the outset, are these exercises of *observation*, of *comparison*, and of *judgment*, if they are only spontaneous, if they are only accomplished by the pupils themselves, they will necessarily be the stepping-stones to higher mental operations of the same character. Will not this be the effect of a system of instruction, which stimulates the curiosity of the pupil ; which cultivates and disciplines his *will*, by the natural processes by which the will is developed and strengthened, through the instinct of self-preservation, through the desire of gratification of the appetites, the senses, and an awakened curiosity, through motives of an intellectual character, and finally through the influence of moral considerations ?

“ Now, I will venture to add, in speaking of the ultimate results, that the intrinsic usefulness, comfort and happiness of the subject of the special education is as much promoted in the case of the idiot as in that of the deaf, mute, or the blind ; that the comfort and happiness of the friends is in still greater measure promoted by such education in the case of the idiot than in the subject of other kindred charities.

“ But I may say, more specifically, that the ultimate results of our instruction will be of this character.

“ In the first place, there are cases which may be called cases of *simulative* idiocy. These are children whose development has been retarded from congenital or other causes of a physical nature ; and where these causes have been removed by the recuperative effort of nature, but the subjects are left bound down by the strong force of improper habits, which can be overcome only by the judicious labors of a suitable instruction. In these cases the result can be predicted with the utmost certainty. It will be the complete preparation for all the ordinary duties and enjoyments of humanity. Another class, embracing what may be called the higher grades of idiocy, will be fitted at our asylum for entering common schools, to continue their education there with the same ends and objects as the other pupils ; to be qualified like them for civil usefulness and social happiness.

“ But the lowest class of our pupils will receive here corresponding benefits, and comparatively, perhaps, equal improvement ; for the lower the pupil in point of intelligence, the more practical will be the instruction. Even those will be rendered decent in their habits, more obedient, furnished with more extended means of happiness, educated in some simple occupations and industry, capable of self-support under judicious management in their own families, or in well-conducted public industrial institutions for adult idiots.

“ With this confident assertion of the general ultimate and practical good results of a proper educational course for idiots, I am yet ready to admit the existence of exceptional cases which may be called incurable ; I say incurable rather than insusceptible—because this incapacity for development resides not in any peculiarity of size or quality, or even function in the brain—but is always, in my opinion, the result of disease involving an actual disorganization of the nervous centres, the brain or spinal cord.

The deeply interesting nature of the contents of the reports which we have now presented is certainly a sufficient apology for the length of this article.

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#### ARTICLE IV.

THE POPULAR FEELING TOWARDS HOSPITALS FOR THE INSANE. “ *On the best methods of saving our Hospitals for the Insane from the odium and scandal to which such Institutions are liable, and maintaining their place in the popular estimation ; including the consideration of the question, how far is the community to be allowed access to such Hospitals ?*” By I. RAY, M. D., Superintendent of Butler Hospital, R. I.—*Read before a Meeting of the Association of Medical Superintendents of American Institutions for the Insane, held at New York, May 18, 1852.*

Within a few years past, no class of charities has obtained so strong a hold on the public sympathies as hospitals for the insane. Most of the States have endowed and fostered them with unusual liberality ; private beneficence, living and posthumous, has showered upon them



its favors, and the time has come when no community among us is supposed to have discharged its obligations to this unfortunate class of our fellow-men, that has not provided an establishment expressly for their care and protection. In the older States they are crowded to their utmost capacity of accommodation, and for a considerable period, every year has witnessed the erection of a new, or the enlargement of an old one. It is a curious fact, however, that, in connection with this general current of public opinion, there is a strong under-current of a very different character. None but those who have our opportunity of knowing, can have any adequate idea of the amount of bad feeling, gross misconception, scandalous gossip, and even fierce hostility, that quietly pervades the community, with the effect of circumscribing more or less their sphere of usefulness. The most of us, fortunately, are so much concerned with the increasing pressure upon our means of accommodation, and intent, perhaps, on schemes of enlargement, as to make too little account of this state of feeling and of its legitimate consequences. I believe, however, it will be worth our while to give this subject a thorough consideration—more thorough than I find it within my power to give it at this time. My observations must be very brief and general, rather calculated to suggest discussion than exhaust it, and while freely commenting on existing defects and errors, disclaiming all intention of a particular application.

No hospital for the insane in this country, or any other I presume, has been so fortunate as to be *universally* regarded, wherever known, as an honestly and kindly administered charity, fulfilling its mission of benevolence with as little drawback as possible on the score of human infirmity. The separate counts of the indictment against

them, so to speak, may be reduced to a few general heads. It is supposed that the patients are not treated with invariable kindness ; that the management is harsh and cruel ; that obedience is enforced by blows or rough handling ; that refractory conduct is met by the discipline of shower-baths, or confinement in dark dungeons ; that they are neglected when sick ; that they have improper and insufficient food ; that their friends are not allowed to visit them ; and finally, that to favour the schemes of interested relatives, persons are deprived of their liberty under a mere pretence of insanity. Besides all this, there exists a general and indefinite prejudice that does not pretend to any foundation in fact or reason, but none the less bitter on that account.

Generally, no doubt, these allegations are entirely unfounded, and it will not be difficult to explain their origin. Some of it springs, in fact, from the ordinary principles and feelings of our nature, and some from causes of a special and peculiar character. The seclusion to which patients are subjected, by withdrawing them from constant observation, involves the institution in an air of mystery which stimulates the imagination and excites the apprehensions of the ignorant and credulous. Any appearance of concealment very naturally gives rise to the suspicion of something wrong, and thus the very measures designed to promote the restoration of the patient, are apt to be regarded as indications of a management that will not bear the light. Co-operating with this cause of ill-feeling, is the natural disposition to attribute to others unworthy motives and a readiness to abuse whatever power or confidence may be placed in them.

The most prolific source of this distrust of hospitals for the insane, is, undoubtedly, the communications of

patients themselves, the more effective for falling, as they generally do, on willing ears. We instinctively believe whatever is seriously related, and this disposition is increased by every appearance of sincerity and plausibility. That the stories of the insane, as well as of some who are discharged from hospitals partially restored, exhibit these qualities in a remarkable degree, is well known to us, while it is equally well known that no moral traits are so common among the insane as a total disregard of veracity, and a feeling of hostility towards those who have had any part in controlling their movements and thwarting their wishes. It is not strange, therefore, that they should abuse the institution whose benefits they enjoyed, nor is it more strange that such abuse should be received as the honest and truthful expression of a matter of fact. It is not in human nature to listen to a coherent and circumstantial account of ill-treatment, without allowing it to make the slightest impression, even though a very large, personal experience with the author of the narrative may have shown him utterly unworthy of credit. Such plain, deliberate, and touching statements are supposed, in spite of one's better judgment, to have some shadow of foundation in fact, and thus many a friend or relative gives a hesitating assent to a patient's abuse of others, who would consider himself hardly dealt with, if a tithe of the same person's abuse of him were supposed to be true. The friends of patients, too, are apt to be exacting and fault-finding, never satisfied that enough is done for the patient, though infinitely more, perhaps, than they ever did themselves, and are restrained by no feeling of delicacy or gratitude from free and frequent expressions of their dissatisfaction. In point of fact, however, I presume there can be no difference of opinion among us on this subject, and that all



are ready to admit, that the charges above recited cannot be entirely attributed to these sources. No one will be bold enough to say that in no hospital in our country has there ever been an abuse of trust, or any arrangements of construction, direction, or discipline calculated to defeat the object in view—the comfort and restoration of the patients. Instead of blinking the matter, it is better to admit the facts so far as they are true, ascertain their causes, and fix the responsibility where it fairly belongs. If our attendants abuse their trust, let us acknowledge the fact and present it as a reason for employing a better and more expensive class of persons, consequently establishing a higher rate of payment from the patients. If an incompetent or time-serving building committee has adopted a plan of construction which leads to casualties, and, in one way or another, prevents us from attaining the highest practicable results, I see no reason why the fault should not be laid at the proper door. When the trustees or directors, in order to advance some political intrigue, are ready to strike a blow at the usefulness of an institution, I am for letting the public know how their confidence is abused. Admitting then the general fact, that the ill-feeling towards hospitals for the insane, so prevalent in the community, is not altogether without foundation, I proceed to consider those usages, arrangements and events which are calculated to produce it.

It cannot be denied by any candid person, that in some of our establishments there are arrangements of one kind or another, that furnish legitimate grounds of complaint and do much to weaken the confidence of the public. They indicate a misconception of the true character of the insane and of the exact objects to be obtained in secluding them from their families and the world. The buildings must necessarily present some

prison-like features, and the safety of the inmates forbids many of those provisions which long habit has associated with their notions of domestic comfort. This must be regarded as a necessary evil, but any degree of it not implicitly required by the circumstances of the case, is a justifiable ground of complaint. Let me ask if our establishments are faultless in this respect ; if everything has been done to make the patient feel as little as possible the want of domestic comfort, the deprivation of liberty, the control of another's will, and the separation from those who did whatever he would permit to gratify his wishes, to allay his irritation, and minister to his infirmities. To this question I apprehend that a hearty, unqualified affirmative cannot always be returned, and hence a fruitful occasion of distrust and aversion towards hospitals for the insane.

Let us observe for a moment the change to which the patient is at first subjected. Against his own will probably, and not without the use of some force, he is taken from his own home,—a home to which, notwithstanding his seeming disregard of all its claims and proprieties, he still retains some strong attachments,—and placed in an apartment of unusual size and form. It is scantily provided with furniture, and the walls are as bare and cheerless as unpapered and unpainted surface can make them. A range of bed-rooms on each side shut out the light and obstruct the view without. No open fire invites him to forget his troubles, for a moment, in the range of its genial rays, and a crowd of persons, by their strange looks and stranger conduct, appear to make a mock of his calamity. At night, cries and other unaccountable noises disturb his rest, and fill him with suspicion and fear. Friends, while visiting him, hear a tale of wrongs and indignities, in the investigation of which, unneces-

sary annoyance may be brought to light, and the unfavorable impression strengthened by the screams of some excited patient, or the sight of one peculiarly repulsive and disagreeable. That such impressions would frequently be made, under any system of arrangements, I do not doubt, for the insane, as a class, are wonderfully fault-finding and difficult to please, in which qualities they are frequently excelled by their friends, but I believe they would occur less often, if, in some points, our establishments were differently ordered.

In the first place, in the plan and details of construction, the single consideration of cheapness has been too much allowed to prevail over that of perfect adaptedness to the purpose. The question that over-rides every other is, not how the proposed object can be best accomplished, but how much it will cost. When the friends of humanity have presented to a State Legislature a project for establishing a hospital for the insane, the voice which rests the claims of this unfortunate class of our fellow-men upon moral obligation is feeble, compared with that which shows how cheap it can be done. The estimate of cost is made far lower than it should be, an appropriation is voted, and the gentlemen go home exceedingly well pleased that so much good may be done for so little money. Whether the end would not be better accomplished by a more liberal expenditure, is a question never asked. In no single instance, I venture to say, has any one been bold enough to say to a State Legislature,—“ The insane within your borders require your aid ; you are bound by the great law of humanity and by every sense of obligation to give it, as cheaply as you can consistently with the perfect accomplishment of the object, but cheap or dear, it must be given to the utmost extent which the progress of improvement has



shown to be possible." The result has been that most of our establishments have wanted architectural arrangements that would have promoted the comfort of their inmates and left less unfavorable impressions upon their minds. On this point it is high time that our views should be definite and well-settled, because sooner or later the country will look to us for instruction on all subjects connected with our vocation.

The earliest lunatic hospitals among us were constructed very much after the fashion of the old establishments of England, with this important difference, that some of their few redeeming qualities were sacrificed to economy, while the loss was counterbalanced by no compensating qualities. The architectural construction of our hospitals, thus bad in the beginning, has rather deteriorated than improved, and it is a mortifying fact that while we have been satisfied with going from bad to worse, in Great Britain hospitals, better than some which have been erected among us since this Association commenced its meetings, have been taken down to make room for others comprising more perfect arrangements.

The first step towards increasing the confidence of the public in our hospitals, will be to deprive them, as far as possible, of their prison-like or peculiar features, and assimilate them to domestic dwellings. Narrow, dark halls, low ceilings, and bare walls should give way to more spacious and cheerful apartments. The monotonous ranges of windows, row above row, the long, blank wall, extending its dreary monotony for many a rod, a style of building in short, which is no style at all, but that of providing the greatest number of rooms at the smallest expense, should be replaced by more pleasing forms of architecture, reminding us less of a jail or a factory, and more of a comfortable and graceful private residence.

There are many particular arrangements quite common among us, that tend, more or less directly, to create ill-feeling, and consequently must be abandoned, if we would diminish this evil. First and foremost among these objectionable points are the apartments for the most violent and refractory patients. The only object which seems to have been sought for, in their construction, is strength, without the least attempt to conceal or soften down those obnoxious features which are always associated with mere strength. The patients who are obliged to occupy them call them cells or dungeons ; they regard them as places of punishment or degradation ; think of them with an emotion of horror, and not all the benefits they have derived from the hospital can efface the unfavorable impressions which these rooms have stamped upon their minds. The friends are apt to imbibe the same impressions, and fortunate it may be for all parties, if they are not led thereby to a precipitate removal of the patient. Now, I do not believe there is any necessity for this. Rooms may be made strong without being made like a cell or a cage. A little ingenuity and a little expense are only required, to render them, apparently, like the other rooms in the house. The walls may be covered with an indestructible paint or cement ; the light may be admitted through windows out of reach or protected by iron netting ; hot air may be discharged by registers at the upper part of the room ; the door may be secured by the ordinary lock ; and a close-stool may be placed in a corner, discharging into a soil-pipe connected with the main drain. These rooms may open upon a hall arranged in all essential respects like the others, and provided, like them, with dining-room, water-closet, bathing-room, clothes-closet, &c. Not only is the comfort of the patient

thereby greatly enhanced, but the friends who sometimes insist on seeing his room are shocked by none of those disagreeable features which now frequently meet their view.

For the same as well as other reasons, these apartments should form a portion of the main building, or at least, not entirely separated from it. I doubt if any arrangement in our hospitals is so strongly calculated to excite dissatisfaction and hard feeling as separate buildings for this class of patients, and, judging from my own experience, with such ample reason. In passing back and forth, females are necessarily exposed in a very unseemly manner, sometimes it may be, to visitors on whom the sight will make a disagreeable impression. Although of all classes of patients, that which needs the closest supervision of the officers, it is made the least accessible, and consequently the least attended to. If the plea of necessity could be urged in favor of this arrangement, or if it were chosen as the least of existing evils, it might be tolerated, but I have been led to the conclusion, that in no single respect does it possess any advantage over the other. The principal, if not the only object supposed to be gained by it, that of having the noise beyond the hearing of the quiet patients, can as well, if not better be obtained in a different way. By a little contrivance, these apartments, though constituting a part of the main building, may be so insulated from it by means of thick partition-walls, entries and closets, that sound cannot be easily propagated from one to the other. In the Butler Hospital, with an insulation of this kind, but much less perfect than it might have been made, I can truly say, after an experience of over four years, that the annoyance resulting from such proximity is practically so little as to be scarcely noticed by officers, attendants, or



patients. When we consider the greater facility thus afforded for removing patients, especially in the night, the less danger of making those disagreeable impressions which such a transference is liable to occasion, and the greater ease by which they may be inspected by the officers, the question between the two arrangements is settled, I think, beyond the reach of dispute.

For a similar reason it is desirable that the house should be amply provided with parlors well-warmed, lighted and furnished, in which patients might forget, for a moment, that they were not in a domestic dwelling, and lose some of their acerbity of feeling which is cherished, if not provoked, by the peculiar aspect of the rooms and galleries. Rooms should also be provided, where patients may meet their friends, so arranged that the former may not be exposed to the observation of visitors, and the latter may not be admitted into the galleries, to mingle with other patients and receive from them such impressions as their wayward fancies may happen to excite.

To secure these objects, it is not only necessary that hospitals for the insane should be planned by those who know by personal experience what architectural arrangements are required, but such persons should superintend their erection, from the digging of the cellar to the last finishing touch of the painter. No plans nor specifications can be so definite and minute as to render such a supervision unnecessary. In a great many points, the fancy of the builder, or mere accident, becomes the guide, and, with the popular notions respecting the strength and appropriateness of materials, the result may be one, very likely, that jeopardizes the reputation of the institution. A door or window-guard so weak that a vigorous blow leaves nothing between the patient and the open air, locks that may be opened by the simplest contrivance, dust-

flues large enough for the escape of patients, drains imperfectly trapped, pipes placed where they never can be subsequently reached,—things like these may lead to accidents calculated to impair the confidence of the community in the very beginning, and I see no other way of preventing them, but an intelligent supervision of every step and stage of the construction. The common practice of entrusting the erection of hospitals for the insane, whether with or without a suitable plan, exclusively to a board of commissioners, having no practical acquaintance with the subject, cannot be too strongly condemned. To suppose that a person, because an eminent lawyer, or a successful merchant, or even a professed builder, is best fitted to superintend the building of an establishment so special as that of a hospital for the insane, is to ignore the universal experience of mankind.

To these architectural defects there is frequently added another evil well calculated to produce a disagreeable result. That niggardly economy which, in our State Legislatures, is swift to cripple any project or enterprise that has nothing to recommend it but its benevolent character, and grudges the necessary means for executing even the poorest plan in a generous and liberal way, has frequently led to the opening of hospitals before their completion, and while wanting some important provisions. A whole wing, perhaps, is left unfinished, and patients and attendants of both sexes are placed in fearful proximity to one another, the lamentable fruits of which constitute a page in the history of our insane hospitals which would deter anybody less reckless and irresponsible than a State Legislature from marring an important project solely for the sake of saving the people's money. Doors and windows are left improperly secured, water is inadequately supplied, and the danger of fire has been scarcely con-

sidered. Solitaries for noisy patients have been left to be provided at a more convenient season, and thus the noisy and the quiet, the violent and the convalescent, are mixed up together so as to disturb the peace of the day and the slumbers of the night. For want of proper fences, intruders make their way to the windows, and the grounds are left in the rough, year after year; at one season covered with pools of water and heaps of rubbish, and at another, the scene of blasting operations that involve the risk of life and limb. Any remonstrance upon the insufficiency of such provisions for accomplishing the highest objects of a hospital for the insane is met by the usual reply:—"We have already spent considerable money, and the people are anxious to see some result. We do not expect you will accomplish as much as if the establishment had that degree of completion we would wish to give it. But we are prepared to make due allowances; all we ask of you is to do the best you can, and at a future time as our means increase, these deficiencies shall be supplied." All this sounds very fair and very reasonable, but if any one is sufficiently verdant to be deceived by it, I can assure him, on the strength of much personal experience, in times long since gone by, that he will have abundant opportunity of learning how far this promised allowance for his anticipated short-comings will be endorsed by the public, when the first murmur of complaint shall reach its ears. Were this matter rightly understood, I am sure that no man with a proper regard for his own reputation and peace of mind would embark in the care of one of these unfinished establishments.

The location of an insane hospital is highly important in regard to the points we are now considering, for on this it very much depends how far its reputation will be assailed by that kind of scandal and gossip which, in va-



rious degrees, is peculiarly incident to this class of institutions. If placed in a rural district and surrounded by the usual neighborhood, it is exposed to a prying observation and meddlesome interference that are only increased by any effort to restrain them. The neighbors assume the right of coming on the grounds at their pleasure, where they mingle with the attendants and patients, exerting an influence that may be positively bad, while it is altogether beyond the control of the officers. The measures of self-protection to which they resort finally arouse a spirit of inveterate hostility that manifests itself in scandal and abuse. No person can come within their reach, especially if it be for the purpose of making inquiries respecting the institution, whose mind is not poisoned by this people's unscrupulous lies. If he have a friend in it already, favorable prepossessions, however well-founded, are replaced by the most painful distrust that sooner or later, perhaps, ends in the removal of the patient. From this focus of ill-feeling, malign influences are disseminated over the whole community, which never troubles itself to inquire about their origin, and fortunate is the institution that is able to live down unfavorable impressions thus created and maintained.

The proximity of a small town produces the same consequences. In those little communities where business is never so pressing as to debar any man from making himself acquainted with every other man's concerns, those of so considerable an establishment as an insane hospital furnish inexhaustible materials for gossip. Every incident, as it drops fresh from the lips of the village butcher, or some prying neighbor, or some leaky attendant, who finds a ready market for everything of the kind he can carry, becomes the nine days' wonder, to be revolved in every circle until made to present some dam-natory aspect.

It has been a common practice to place our insane hospitals in the neighborhood of the Capitol, and of all the evils of a bad location, I do not hesitate to say, this is the greatest. The political vortex which is eternally boiling and seething there does not spare the hospital. Its proximity to the scenes of political intrigue and aggrandizement is enough to suggest the idea of making it an element in every scheme of party operations, and if the purpose require it, detraction, varied by every artifice of a malignant ingenuity, is unscrupulously used. The hospital may thereby lose the confidence of the public, but some needy camp-follower has got his reward, or some other equally commendable political end is obtained.

This is not the only nor the smallest evil incident to the connection in question. The legislature is the foundation of power, and its proximity renders it easy of access to all, however remotely connected with the hospital, who have any fancied grievances to be redressed, or are bent on revenging some fancied wrong or slight. The tale of defamation finds eager listeners in men who, like the ancient father, believe because it is impossible, and who have no higher idea of public duty than that of raking among the sewers of village scandal for materials wherewith to depreciate the value of an institution and blacken the character of its officers. Of course, such wiseacres have no difficulty in finding a mare's nest. Without the least idea how such an institution should be administered, neither knowing nor caring what may be even the mildest consequences of their interference, they undertake to tear away the veil that shields it from the public gaze, to lay open to the inspection of the curious a class of incidents which the dullest sense of propriety would have withheld any one from revealing, and sit in judgment on conduct and measures which they are as little able to appreciate

as they are to calculate the movements of the heavenly bodies. It is not impossible that some who hear me may be unable to conceive of a sufficient warrant for language like this, but a single fact may convince them that I am not dealing with shadows. Within the last ten years the legislature of an eastern State has investigated its insane hospital nearly every winter, on a vague charge of abuse, by means of special committees, before whom have been summoned domestics, attendants, and even patients, to testify whatever they might know, or were prompted to know, against the management. In several instances neither the officers nor directors received notice of the inquiry. In two instances the investigation was instigated by the representations of a discharged patient whose statements betrayed the grossest delusions, and after numerous meetings of the committee who were engaged in listening to such testimony, a vote of censure was defeated by a bare majority of the members. The stream of scandal was not confined to the committee-room, but found its way to the chambers, and in their printed debates was carried to the remotest sections of the State, filling the minds of all who had friends in the hospital with mortification and dismay. And yet this establishment was under the control of a Board of Directors, honest, able and vigilant, who would have quietly investigated any alleged abuse, and applied an effectual remedy without proclaiming the facts to the public ear. Such are the evils which result from the proximity of the Capitol, and I cannot see that they are accompanied by a single counterbalancing advantage. Those institutions have flourished best where the legislature has least interfered, and therefore it is better for both that they should be placed as far asunder as possible.

After making every reasonable allowance, however, I



presume I only utter the common sentiment among us, when I say, that all our hospitals are liable to an indefinite amount of real abuse on the part of those who, in one capacity or another, are employed in the care of the patients. It is this with which we as Superintendents are chiefly concerned in this inquiry, and if the importance of the subject implicitly requires plain speaking, I trust I shall have the credit of doing it in a spirit of candor and friendliness of feeling. Seeking nothing but the good of the cause, and disclaiming any intention to offend, I do not see how difference of opinion on this point more than on any other should necessarily give offence. I presume no member of this Association will say that, to the best of his knowledge and belief, at no time, in no way, has an instance of abuse on the part of attendants occurred in the institution under his charge—that nothing has ever been said or done by them calculated, if made known, to impair the confidence of the public. The question, be it observed, is not whether such abuses are inconsiderable in comparison with the positive and unquestionable benefits by which they are accompanied, but whether they do not actually create disaffection towards these institutions, and diminish the amount of good they would otherwise accomplish. Unable as we are to ignore the fact implied in the question, it becomes our duty to provide, as far as we can, the necessary remedy.

When we consider the moral and intellectual calibre of the class of persons whom we employ as attendants, in connexion with the traits of character which we require in them, it is not surprising that improper practices should sometimes occur. They must manifest patience under the most trying emergencies, control of temper under the strongest provocations, and a steady perseverance in the performance of duty, disagreeable and repulsive as it

oftentimes is. They must be kind and considerate, ever ready to sacrifice their own comfort to the welfare of their charge, cleanly in all their ways, and unsparing of any pains necessary to render their charge so also. In all respects, their deportment and demeanor must be precisely such as refined and cultivated persons have indicated as most appropriate to the management of the insane. In short, they are expected to possess a combination of virtues which, in the ordinary walks of life, would render their possessor one of the shining ornaments of the race. Now, although there can be no objection to a high standard of excellence, that man can be little better than a fool who supposes it will be often reached by the persons whom we employ as attendants. They have been prepared for this delicate and responsible duty by no special course of self-discipline, and, we know well enough, are seldom distinguished by the beauty or abundance of their moral endowments. They are, in fact, plain, every-day men and women, with the common infirmities of the race, losing their temper under extraordinary irritations, and sometimes guilty of downright abuse of their trust. This is the truth, and there would be as little wisdom in denying it, as in expecting that persons, on becoming attendants upon the insane, are transformed, by some mysterious process, from ordinary men and women into angels. In this view of the case we might rest with tolerable satisfaction, but there is much reason to fear that the future will bring an additional difficulty which cannot be contemplated with quite so much philosophical composure. Although in New England we are still able to secure the services of a class of native Americans, possessing, for the most part, some sterling qualities, it seems as if we should be driven ere long, like our brethren south of us, to the employment of foreigners.

Relinquishing all idea of obtaining perfection out of imperfection, it is incumbent on us to circumscribe the abuses of attendants within the narrowest limits, and this can only be done by a suitable organization of the service. Without thorough organization, and the strictest discipline under it, I am well assured that no amount of vigilance will quite secure the object in view. Different men will have different ways, of course, of arriving at the same result, but there are some ways so grossly defective, that I see not how they can be followed under any circumstances whatever. Let us consider for a moment what used to be the practice, and which, for anything I know, may still be found to some extent among us. An attendant is placed in charge of from ten to twenty patients, and, with almost unlimited authority for certain purposes, he is truly "monarch of all he surveys, and his right there is none to dispute." He controls every movement, and by a stricter rule than that by which the school-master governs his pupils. He directs their uprising and their down-lying, their incoming and their outgoing, their meals, their labors and amusements. The refractory are made to obey, and the turbulent are stilled in some way or another, or turned over to somebody else. His will is law, and no appeal lies from his decisions. His orders are general, and he is responsible to none but the chief. If desirous of farther orders, he leaves his charge to take care of themselves, and goes in quest of the fountain of power; and thus whether it be to call the doctor, to procure a dose of medicine, to hunt up an article of clothing, to make a poultice, or to inquire for his letters, he must leave his gallery and go to the centre-house, and if there he happens to meet a female attendant on a similar errand, or encounters any one as little in a hurry as himself, where is the harm in saying, "how d'ye do," and ex-



changing a little gossip? No one can charge him with neglect of duty. He has reasons for being just where he is, and if he says he came to the kitchen for hot water, it will not be easy to prove that it was to make an appointment with one of the girls. The radical fault in this way of conducting the service is the idea of the attendants being directly controlled by the officers. When we consider how small a portion of the twenty-four hours any officer, much less the Superintendent, can be in any particular gallery, nothing can be more preposterous than this idea. The truth is, and it could not possibly be otherwise, that, to a very great extent, the attendant does what seemeth good to himself, and if any of it happens to be wrong, his chief may find it out if he can, in spite of the dust he can easily throw in his eyes.

This inevitable tendency to abuse can be checked, and the wishes of the Superintendent thoroughly and systematically enforced, only by means of a party who shall spend his time among the patients and attendants, both day and night, clothed with authority to which all other authority is subordinate. In some institutions he is called a supervisor, and the following may be considered as his principal duties. He is responsible for the manner in which the service is performed, and the attendants are directly responsible to him. He arranges and directs their duties, meets every exigency as it occurs, knows whatever is going on in his department, and infuses order and harmony in every branch of the service. He is the organ of communication between the wing and the centre-house. The attendants should never enter the centre-house without express permission, and the locks should be so arranged that they could not if they would. The supervisor administers the medicine, attends particularly to the sick, watches the varying humours and

phases of the patients, and regulates the special attentions they may require. He is responsible for the care and custody of the clothing and other property of patients, and the furniture of the wing, and, the last thing at night, makes a thorough visitation of the galleries, locks the outside doors, and puts the keys in his pocket. Thus, by his frequent presence, the delinquencies of attendants are speedily discovered, the wants of patients more readily known and supplied, and the general effectiveness of the service most certainly secured. It follows of course, that the degree of excellence which this system will manifest in practice, must depend very much on the personal character of the supervisor. If kind and gentlemanly or lady-like in their demeanor, of a careful, vigilant turn, jealous of their authority and capable of maintaining it without giving offence, possessing a habit of order and a desire to excel, the institution in which they serve has one of the surest elements of success, and their services are cheap at almost any price they choose to fix.

My views of police also require that the persons engaged in the various branches of domestic service should never enter the wings, except by special permission. Whatever reason may exist against the introduction of visitors to the galleries, may be urged with tenfold force against the admission of the domestics. In short, I do not see how the peace and order of an establishment can be maintained a single day, if the employeés of every description are to be constantly mixed up together, to idle away their time, to circulate gossip, and participate in one another's bickerings and dissensions.

In every institution, I presume, there may be found practices which are connected with some peculiar views or system of the superintendent, that cannot fairly be tested by any conventional notions of propriety. There

may be, therefore, some reason for the somewhat prevalent practice of allowing patients, both male and female, to leave the wing at their pleasure, and have free access to the centre-house and grounds, where they roam about at will ; but to me it seems to be subversive of all discipline, as well as of that privacy and seclusion which are supposed to be necessary to the restoration of the disordered mind, as I am sure they are to the maintenance of that kind of propriety which regards every unnecessary exposure of the insane as an unnecessary evil. The only benefit I have ever heard claimed for the practice, that of making patients more contented, because less restricted by locks and bolts, I have thought more fanciful than real, and at best I doubt if enough is gained by it to compensate for the real mischief that must arise from it. I see not how we can pretend to rely on moral treatment in the work of restoration, while we expose our patients every hour to such communications as they may receive from domestics and visitors.

There is another point in the administration of our establishments, of which I venture to speak, because it is intimately connected with the subject in hand. The same spirit of economy which has so mischievously presided over their construction has demanded a reduction of the price at which their benefits are to be dispensed, to a very low figure. The general desire seems to be, not to raise the hospital to the highest possible degree of excellence, but to reduce the rate of board to the minimum point, thereby making the merit of its administration to consist less in the success with which its peculiar ends are promoted, than in the small amount of means by which it may be carried on. How the very peculiar and expensive attentions required by the insane can be rendered at a price below that of the humblest



boarding-houses in the country, has never been very satisfactorily explained. However that may be, the very low price of board in the most of our hospitals, has become a fixed fact, and the common impression now is that people may be maintained in a hospital for the insane for little or nothing. Persons who have occasion to place a friend or dependent in one of them, are surprised and dissatisfied if required to pay anything like an equivalent, while their own domestic economy may be indicative of abundance, if not splendor. By all means let the poor be received at the lowest possible point consistent with the true objects of a hospital, but I see no reason why the affluent, those who are able to pay an equivalent for this as well as any other privilege, should be admitted on the same terms. It never could have been intended that the bounty of the State or of individuals should be devoted to this class of persons. Charity does not consist in giving to the rich. But apart from this consideration, there is reason to fear that the charges are sometimes too low to make the institution what it should be to any class of persons. Such charges may procure the means of subsistence, but can they afford all the provisions for maintaining the health and comfort of the patients which science or a progressive philanthropy have brought forward? Can they give the institution the means of constant improvement, and enable it to take an honorable stand by the side of others? We all know that these questions must be answered in the negative. When an institution is warmed and ventilated in the most perfect manner; when an ample corps of attendants is employed, in one way or another, in ministering to the comfort and gratification of the inmates; when naked walls are covered with paint and pictures; when parlors and day-rooms, well-lighted, warmed and furnished, present to the patient some of the

graces and refinements of a domestic residence; when the grounds are tastefully planted, and offer every charm that springs from lawns, flower-beds, and gravel-walks, mounds and fountains, in their most pleasing combinations; then, and not till then, should the weekly rate be reduced to a sum just sufficient for the means of animal subsistence.

The only plea offered for these low rates is, that the pecuniary condition of the community does not admit of higher, and that the establishment must be maintained at these rates, or not at all. The plea would be a strong one, certainly, were it not founded on a fallacy too much resorted to whenever the claims of humanity become importunate. There is, in fact, no such public poverty as the plea would imply. On the contrary, such is our prosperity that in every community within our borders the taxes might be doubled, and even quadrupled, and then be light when compared with the burdens of other nations. Let the object be one which the people have strongly at heart, any amount of taxation necessary to attain it would be cheerfully submitted to. This perhaps would prove nothing, were the object manifestly and confessedly of a worthier character than that whose claims we are advocating. But how seldom has this been the case! It is a true and mournful fact, that any scheme of military achievement or territorial aggrandizement in which the popular feeling has embarked, has ever been pursued among us with supreme indifference respecting the cost. The Mexican war cost us more than enough to support all the insane of the country in hospitals of the highest character, through all coming time. And yet who ever troubled himself about the cost of the Mexican war? Let the country once feel that its true glory consists less in its powers of aggression than in its institutions for promoting

the cause of learning and humanity, and then we shall hear very little about the expense of the latter.

Perhaps, as regards individuals, this plea of inability may have more foundation, but let us beware how we suffer this consideration to affect our prices. Such is the general prosperity of our people, that most of those whose means may be called humble are in the habitual use of certain indulgences regarded as essential to their comfort which cannot be afforded at our low rates of board. The peculiar attentions and privileges that constitute the merit of insane hospitals can scarcely be appreciated by many who would be loud in their complaints on missing some animal gratification which, perhaps, they would better be without than with. We do not find that parties who make the most urgent claims on our charity, for that is essentially charity which is dispensed for less than cost, are disposed to make any sacrifice themselves. We do not find them limiting their indulgence in rum and tobacco, silk and fine broadcloth, on account of the domestic misfortune. If we are to have a very low rate in our hospitals for the insane, let it be for the unquestionably destitute and friendless; but I firmly believe that the highest degree of success, and especially of public confidence, requires for all others a scale of charges that will warrant the establishment in a generous indulgence in whatever is calculated to promote the comfort and pleasure of its inmates.

The question now remains to be considered, whether the free admission of the public into our hospitals for the insane would raise them in the popular estimation. During the last and the early part of the present century, they were secluded from the public gaze, and people were unable, without some difficulty, to gain admission within their walls. Within a comparatively short period,



a very different practice has prevailed, both in this country and in France and Great Britain. Here the doors have been thrown open and the public invited, if not solicited to enter, to converse with patients, observe their accommodations, and learn as much as possible of their history and treatment. The object of this practice, if I understand it rightly, is to increase the public confidence in these institutions, by making people personally acquainted with their advantages for contributing to the comfort and restoration of the insane; to substitute for the darkness and mystery which envelope them, an intelligent appreciation of their merits, and awaken a sympathy for that large class of our fellow-men whose disorder is supposed to incapacitate them for any farther participation in the decencies, not to say the humanities of life. That this object has been obtained in some degree, I am not disposed to deny, and it is quite probable that this publicity has contributed to raise that interest in the pauper insane, which, under God, has resulted in a great work of humanity characteristic of our times. This, I apprehend, is the only good it has effected. Least of all am I inclined to think it has increased that kind of confidence which we have supposed to be deficient. We must guard against misapprehension of the real sentiment in question. In that general estimation which is made up of the views of all humane, intelligent, reflecting men, hospitals for the insane stand in the first rank of benevolent institutions. On the other hand, among those classes whose intercourse with the world has been too narrow to impart any enlargement of mind, and whose education has been just enough to give them a certain pride of opinion without increasing their capacity to think for themselves, or otherwise than wrong except by accident, there is an under-current of distrust and aversion, having no

other source perhaps, than some idle story that has floated into their ears. Now, in regard to the first-mentioned class, the proposed remedy is not required, because the evil does not exist ; and in regard to the latter, it is inadequate to accomplish the object in view. They may pass through the halls of the quiet patients, for to them I suppose the visits of strangers would be confined, observe them engage in various employments, and for the most part appearing like ordinary persons ; they may notice the cleanliness of the house, and the many indications of neatness, good order, and even kindness, but the real difficulty is not reached. The feeling is, that these traits, which make such favorable impressions on the casual observer, may co-exist with a kind of management unseen by the world, which is marked by unkindness, neglect, and even positive cruelty. Shocking abuses are not practiced before spectators, but at times and occasions when no eye can see, nor tongue proclaim the fact. From any thing seen, there is no guaranty that a patient would not be neglected when sick, shaken or beaten when refractory, supplied with improper or insufficient food, or in some way or other treated without due regard to the proprieties of life, or the requirements of humanity.

But even if this kind of publicity had the effect of turning the popular under-current against hospitals for the insane, I am not sure we should be justified in incurring the numberless evils by which it is always accompanied. The promiscuous admission of visitors to the galleries is inconsistent with that seclusion which they are supposed to afford, and for the sake of which many patients are expressly placed there. To expose them, therefore, in this manner, to public observation, is equivalent to a breach of trust. No degree of precaution will entirely prevent some unpleasant exhibition, which is reported

abroad, until, under the magnifying process of repeated transmission, it is fitted for a nine days' wonder. It is painful to many, and annoying to all, to have the behavior of those whom they love made the theme of village gossip, and, at some future day, perhaps, brought to the notice of the patients themselves, to cover them with shame and mortification. We all know that even the simplest remark from the lips of a spectator, respecting the appearance or conduct of a certain patient, is apt to be so distorted, in the course of its circulation, as to reach the ears of friends, in a shape well-calculated to excite their apprehensions and disturb their peace. For these reasons I cannot think that the free admission of the public into our hospitals would prove a remedy for the evil in question, even if it were not forbidden by a proper regard for the rights of the insane and of their friends.

The only kind of supervision which ought to secure the public confidence, is that which is exercised by a board of directors or trustees, possessing the qualities necessary for the successful performance of their trust. The success of an insane hospital is so dependent upon the character of this board, that it is to be regretted that it should so often be constituted with little or no reference to the special duties that are required. A director should be free, in that capacity, from all political or other unworthy biases, strongly anxious to promote the cause of humanity, and without any object whatever but the highest welfare of the institution. He should possess habits of business in order that he may perform his duty with that promptitude, precision, and correctness which are expected in other business, and sufficient discretion to meet the perplexities of his position. He should cheerfully bestow the time and pains which the office requires, and his social and moral position should place him beyond



the reach of the arts, the passions and the prejudices of others. Especially should he be of a liberal turn of mind, to meet the questions frequently coming up, of improvement and change, and of that generous and elevated spirit which places a man beyond the temptation of doing a mean thing, and allies him to truth and justice. I know of no better guaranty for the proper management of a hospital than the frequent and thorough visitations of such men as this, and I believe that no better could be reasonably wished. True, special instances of abuse would seldom meet their notice, because such things are not done before company, however common they may be under other circumstances : but with such opportunities, careful and intelligent observers could not fail to discern the general spirit which pervades the establishment and characterizes its moral management. If an institution can bear creditably such inspections once a week, we may be quite sure that it cannot be very remiss any intermediate day. The most labored attempt to give it a character on these occasions, not properly belonging to it, could not prevent its prevalent spirit and habitual usages from sometimes making their appearance.

An institution of this kind should always find in its board of directors a tower of strength on which it can rely for support in the day of adversity and trial, and that kind of moral credit necessary to ensure the confidence of the public. But what benefit can it derive from the kind of men that are often placed in this position—retired or broken-down politicians, to whom the office is tendered as a cheap recognition of past services, or an inducement to continued fidelity ; country doctors or lawyers, to whom the pay and mileage becomes a very acceptable addition to their professional income ; small shopkeepers and traders who covet the place for the

sake of driving profitable bargains with the hospital ; together with a numerous class who have no other thought in regard to the office but the little consequence which it is supposed to confer. Such men have been the occasion of much mischief to our hospitals for the insane. I believe if they had uniformly been under the direction of honorable, intelligent and high-minded men selected solely on account of these qualities, they would have secured a far higher degree of public favor than that which they actually possess.

To ensure the success of a hospital for the insane, there is another requisite more important perhaps than all others, of which it may be expected that I should speak. I refer to the personal character of the superintendent. My own limits, if not the occasion, will forbid my dwelling upon this point. I must therefore confine myself to the simple statement, that unless he possess the talents necessary to command the respect of intelligent men, that devotion to his profession which will lead him to spare no pains to qualify himself in the most perfect manner for the performance of its duties, that temper and disposition that will establish something stronger and dearer than a merely professional relation between himself and the objects of his charge, and that moral and intellectual elevation which is only satisfied with high aims and substantial results,—unless he possess these traits, he has much reason to believe that he has mistaken his calling, and that he will fail to obtain that public confidence which ought to be as the very breath of his nostrils.

PROCEEDINGS OF THE SEVENTH ANNUAL MEETING  
OF MEDICAL SUPERINTENDENTS OF AMERICAN IN-  
STITUTIONS FOR THE INSANE.

The Association of Medical Superintendents of American Institutions for the Insane, convened at the Irving House, in the City of New York, on the 18th of May, 1852, at 10 o'clock; A. M.

The following gentlemen were present :

Dr. LUTHER V. BELL, of the McLean Asylum, Somerville, Massachusetts, President of the Association.

Dr. ISAAC RAY, of the Butler Hospital for the Insane, Providence, Rhode Island, Vice-President.

Dr. H. A. BUTTOLPH, of the New Jersey State Lunatic Asylum, Trenton, Secretary.

Dr. ANDREW MCFARLAND, of the New Hampshire Asylum for the Insane, Concord.

Dr. JOHN S. BUTLER, of the Retreat for the Insane, Hartford, Connecticut.

Dr. EDWARD JARVIS, of Dorchester, (private) Institution, Massachusetts.

Dr. N. CUTTER, of Pepperill, (private) Institution, Massachusetts.

Dr. CLEMENT A. WALKER, of the South Boston Lunatic Hospital, Massachusetts.

Dr. C. H. NICHOLS, of the Bloomingdale Asylum, Bloomingdale, New York.

Dr. N. D. BENEDICT, of the New-York State Lunatic Asylum, Utica.

Dr. M. H. RANNEY, of the New-York City Lunatic Asylum, Blackwell's Island.

Dr. T. S. KIRKBRIDE, of the Pennsylvania Hospital for the Insane, Philadelphia.

Dr. J. H. WORTHINGTON, of the Friends' Asylum for the Insane, Frankford, Pennsylvania.

Dr. JOHN CURWEN, of the Pennsylvania State Lunatic Hospital, Harrisburgh.



Dr. FRANCIS T. STRIBLING, of the Western Lunatic Asylum, Staunton, Virginia.

Dr. S. HANBURY SMITH, of the Ohio Lunatic Asylum, Columbus.

Dr. THOMAS F. GREEN, of the Georgia State Lunatic Asylum, Milledgeville.

Dr. FRANCIS BULLOCK, of the King's County Lunatic Asylum, Flatbush, Long Island.

Dr. A. LOPEZ, of the Alabama Hospital for the Insane.

Drs. H. W. BUEL and B. OGDEN, of Sandford Hall, Flushing, L. I.

The President, Dr. LUTHER V. BELL, called the Association to order and requested that the minutes of the last meeting be read by the Secretary.

On motion of Dr. Kirkbride, it was

*Resolved*, That a committee of three be appointed by the President, who shall report each morning what papers will be read, and what other business is likely to come before the Association each day : Drs. Kirkbride, Nichols and Buttolph were appointed.

On motion of Dr. Ray, it was

*Resolved*, That a committee of three be appointed to determine the time and select the place for the next meeting of the Association : Drs. Ray, Stribling and Curwen were appointed.

Dr. Bell, chairman of committee on the comparative utility of different methods of ventilation, requested farther time for preparing the report, which was allowed.

Dr. S. Hanbury Smith, chairman of committee on Manual for attendants, prepared by Dr. Curwen, reported that they recommend said Manual for general adoption in American Institutions for the Insane, which was agreed to.

Dr. Kirkbride exhibited and explained drawings showing the arrangement of water-closets, with downward ventilation, upon which remarks were made by members of the Association.

Adjourned to meet at 4 o'clock this afternoon.

#### AFTERNOON SESSION.

The Association met agreeably to adjournment.

Dr. J. M. Higgins, of Illinois State Hospital for Insane, Jacksonville, appeared and took his seat as a member of the Association.

Dr. Nichols presented to the Association an invitation from the Bloomingdale Asylum committee, to visit that institution to-morrow at 12 o'clock, which was accepted.

Dr. Ray read a paper on the following subject, assigned to him by the President, viz. : On the best methods of saving our Hospitals for the Insane from the odium and scandal to which such institutions are liable, and maintaining their place in the popular estimation ; including the consideration of the question, how far is the community to be allowed access to such hospitals ;—Paper laid upon the table for future consideration.

Dr. S. Hanbury Smith, of the Ohio Asylum, was requested to give the Association an account of recent Legislative proceedings relative to said Asylum, which he did.

On motion adjourned to meet to-morrow morning at 9 o'clock.

### SECOND DAY.—MORNING SESSION.

The Association met agreeably to adjournment. The minutes of proceedings yesterday were read and adopted.

Dr. George Chandler, of the State Lunatic Hospital, Worcester, Massachusetts, appeared and took his seat as a member of the Association.

E. A. Wetmore, Esq., Treasurer of the New York State Lunatic Asylum, appeared as a visitor.

Dr. Buel presented to the Association an invitation to visit Sandford Hall (Private Asylum) to-morrow at 2 o'clock, P. M., which was accepted.

On motion of Dr. Kirkbride, it was

*Resolved*, That the standing committee on construction of Hospitals for the Insane, be requested previous to the next meeting of Association to prepare a series of resolutions or propositions, affirming the well ascertained opinions of this body in reference to the direction, organization and discipline of Hospitals for the Insane.

On motion, the paper read by Dr. Ray, yesterday, was taken up and discussed, but without closing the subject, the Association adjourned to meet to-morrow morning at 9 o'clock.

### THIRD DAY.—MORNING SESSION.

The Association met agreeably to adjournment. The minutes of its proceedings yesterday were read and adopted.

Drs. Haines, of the Philadelphia Hospital, Blockley, Fremont, of Quebec Lunatic Asylum, Canada, and Patterson of the Indiana Hospital for Insane at Indianapolis, appeared and took seats as Members of the Association.

Stacy B. Collins, Esq., of the Board of Governors of the New-York Hospital, and A. Munson, Esq., President of Board of Managers of New-York State Lunatic Asylum, at Utica, took seats with the Association.

An invitation to the Association from the Governors of the New-York Hospital, was received to visit that Institution, and examine the mode of warming and ventilating the building, which was accepted for 11 o'clock, A. M. this day.

A letter from James Brown, Esq., President of the Collins Line of Ocean Steamers, inviting the Association to visit the Steamship Atlantic was received, read and laid upon the table for future consideration.

The discussion upon the paper read by Dr. Ray, was resumed and concluded, and the paper laid upon the table.

Invitations were received by the Association, from the Authorities of the New-York Alms House, through Dr. Ranney, to visit the Lunatic Asylum, and other institutions on Blackwell's Island, and from the Superintendents of Poor of King's County, through Dr. Bullock, to visit the Lunatic Asylum and other Institutions under their charge, which were referred to the business committee for consideration.

Dr. Stribling read a dissertation on the employment of male attendants in the female wards of Lunatic Hospitals, which was discussed.

On motion, the Association adjourned to meet at 8 o'clock this evening.

### THIRD DAY.—EVENING SESSION.

The Association met at 9 o'clock. The paper read by Dr. Stribling, at the morning session, was laid on the table without farther discussion.

Dr. Worthington read a paper entitled "Notes of cases of a peculiar form of disease first described by Dr. Bell, in a paper read before Association of Superintendents, at its meeting in Utica, in the year 1849," which was discussed; but without concluding its consideration, the Association adjourned to meet to-morrow morning, at half past 8 o'clock.

### FOURTH DAY.—MORNING SESSION.

The Association met agreeably to adjournment. The minutes of the proceedings of yesterday were read and adopted.

Dr. Curwen moved the appointment of a committee of three on finance: Drs. Curwen, Buttolph, and Patterson were appointed.

Dr. Ray, as chairman of committee for determining the time and selecting the place for the next meeting, reported that the committee rec-



commended the Association to meet at Baltimore, Maryland, on the second Tuesday of May, 1853, at 10 o'clock, A. M. Report of committee adopted.

The invitations received yesterday to visit the Steamer Atlantic, and the Lunatic Asylum, and other institutions on Blackwell's Island, were accepted; the former for 11 A. M., and the latter for 1 P. M. this day.

The paper read by Dr. Worthington was further discussed and laid upon the table.

Dr. Kirkbride read a paper on the comparative advantages of steam and hot water in heating Hospitals for the Insane, large and small, with an attempt to fix the ratio of radiating surface to the space to be warmed in the climate of the northern sections of the United States. Paper discussed and laid upon the table.

On motion adjourned to 8 o'clock this evening.

#### FOURTH DAY.—EVENING SESSION.

The Association met agreeably to adjournment.

Dr. Curwen, from committee on finance, reported that no expenses had been incurred at this meeting of the Association.

Dr. Kirkbride reported that there was five dollars and forty-eight cents remaining in his hands, as Treasurer of the Association.

Dr. Jarvis made a partial report on the connection between insanity and crime, which was received, laid upon the table, but afterwards referred back to him for full report at the next meeting of the Association.

On motion of Dr. Kirkbride, it was

*Resolved*, That within two months of the adjournment of the Association, the President be requested to assign to each member a subject on which he shall make a written report at the next meeting.

On motion of Dr. Kirkbride, it was

*Resolved*, That the Association discuss the subject of the proper disposition of insane criminals in State Prisons, which was done. On motion of the same, it was

*Resolved*, That Dr. Bell be appointed to prepare and present to the next meeting of the Association a report on the proper disposition to be made of persons charged with crime, but found to be insane before trial; of persons acquitted of crime on the ground of insanity, and of insane criminals, in State Prisons; both in reference to the best interests of the insane generally, and the community at large.

Dr. Curwen offered the following resolutions, which were unanimously adopted.

*Resolved*, That in the untiring perseverance with which Miss D. L. Dix has continued her labors in behalf of the Insane, this Association recognizes the same ardent philanthropy and zealous benevolence which has hitherto characterized all her exertions.

*Resolved*, That we would earnestly recommend to the public attention and consideration her plans and efforts in this regard, and that we will do all in our power to aid in the advancement of the benevolent purposes to which she has, for so long a period, in so self-sacrificing a manner, devoted her time and her best energies.

Dr. Butler presented to the Members of the Association a volume containing a "Discourse, in commemoration of the life, character and services of the Rev. Thomas H. Gallaudet, LL. D."

Gen'l A. Macdonald presented lithographic prints of the late James Macdonald, M. D.,—also copies of a eulogistic discourse on his character and services in the treatment of the insane.

On motion, adjourned to meet at half-past at 8 o'clock to-morrow morning.

#### FIFTH DAY.—MORNING SESSION.

Association met agreeably to adjournment. The minutes of the proceedings of yesterday were read and adopted.

On motion of Dr. Kirkbride, the following resolutions were unanimously adopted.

*Resolved*, That the Association have visited and examined with great satisfaction the Bloomingdale Asylum for the Insane, under the care of Dr. Nichols; Sandford Hall, under the medical superintendence of Drs. Ogden and Buel, and the Blackwell's Island Asylum for the Insane, under the care of Dr. Ranney, and offer to all these gentlemen their cordial thanks for their courtesy and attention, and for the generous hospitality extended to them on these different occasions.

*Resolved*, That to Allan Macdonald, Esq., brother, and to Mrs. Eliza H. Macdonald, widow of our late esteemed and lamented friend and associate, James Macdonald, M. D., the Association is indebted for the elegant hospitality, and the unwearied efforts which made the visit of the Members to Flushing of the most delightful character.

*Resolved*, That the thanks of the Association are due, and are hereby tendered to the committee of the Bloomingdale Asylum, the Governors of the New York Hospital, and Blackwell's Island public institutions, and to the Directors of the King's County Hospital, for the invitations to visit the different establishments under their control.

*Resolved*, That our thanks are especially due to James Brown, Esq., President of the New York and Liverpool Steamship Company, for his invitation to visit the U. S. Mail Steamer Atlantic, Capt. West, and for his great courtesy and attention in affording the members every facility for examining that noble specimen of American enterprise, alike honorable to its projector and the country.

*Resolved*, That our thanks are tendered to D. D. Howard, Esq., proprietor of the Irving House, for his liberal provision for the meetings of the Association, and for which, from its benevolent character, he declined receiving compensation.

*Resolved*, That the Association cannot refrain from expressing the high gratification they have experienced in finding, after a careful examination of the Blackwell's Island Lunatic Asylum, the very marked improvement in nearly every department of that large establishment, since their previous visit, four years since.

*Resolved*, That the Secretary be instructed to notify the different parties alluded to, of the adoption of the foregoing resolutions.

On motion of Dr. Ray,

*Resolved*, That the Association adjourn, to meet in the city of Baltimore, Md., on the second Tuesday of May, 1853, at 10 o'clock, A. M.

H. A. BUTTOLPH,

*Secretary.*



SUMMARY.

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*Alabama Insane Hospital*—We are gratified to learn from Dr. A. Lopez of Mobile, that the Legislature recently in session at the Capital of the State of Alabama, has passed a law establishing and endowing very liberally an Insane Hospital, to be erected at Tuscaloosa, for the reception and treatment of those afflicted with mental diseases. The State of Alabama grants \$25,000 annually for four years. The necessary buildings are to cost \$100,000, and thus endowed, Alabama will set an example of liberality to the Southern States, which few of her sisters have equaled.

We are gratified to perceive that a Committee of both houses have selected Dr. Lopez to visit the principal Asylums of the United States, in order to ascertain the best and most improved method of constructing such an Hospital—the internal police of our Insane Institutions—and also to make himself acquainted with the best mode of treating these unfortunate subjects. Into better or more competent hands this important trust could not have been committed. We congratulate Dr. Lopez on the success of his mission to the Capital of Alabama.—*New Orleans Med. and Surg. Journal*, March, 1852.

*The Insane Asylum of Louisiana: Second Biennial Report of the Board of Administrators of the Insane Asylum of Louisiana to the Legislature.*—This is the Second Report of the Board of Administrators of this institution to the State Senate and House of Representatives. Since the last report, in January, 1848, some of the Asylum buildings, then in the course of erection, have been finished and occupied by those unfortunate fellow-creatures who have claims upon our humanity, our sympathy and our care. This has been accomplished by an appropriation of \$20,000, made in March, 1848.

We observe that amongst the accessories to the new building, three large cypress cisterns, lined with sheet lead, have been erected, containing, in the aggregate, about 18,000 gallons of water, two of which are situated on the third story, and receive rain water, and the third is supplied by means of a force-pump worked by horse power, from a large well.

The men and women who are able to perform manual labor, have some occupation assigned to them; thus, the women are employed in making and mending their own, as well as all the clothes for the men, besides sheets, towels, and various kinds of needle-work; and some of the men work from six to seven hours per day in the brick-yard, in which about 150,000 have been burnt for the construction of some proposed additional buildings, which, when completed, are designed for the accommodation of persons from the adjoining States, whose situation, unfortunately, demands the aid of such an institution. Ten thousand dollars were appropriated by the Legislature for the *two years* preceding the present session, and a like sum has been asked for the term of two years of the present legislative body.

For a statement of the financial affairs of the institution, the reader is referred to the Treasurer's report, which is contained in the pamphlet before us; as also for a tabular view of the age, sex, apparent character of the disease at the time of admission, with the result of treatment, etc., etc., by Preston Pond, M. D., Physician to the Asylum.

One circumstance, however, is worthy of remark, showing a state of things precisely at variance with the observations of Esquirol, as contained in his great work upon Insanity. The admissions into the Asylum, under the "apparent form" of *Dementia*, are thirty-seven; of these twenty-four were under the age of forty years, four were forty, and nine were over forty; hence, we have two-thirds, within a fraction, under the age of forty. Esquirol says, "The age during which *Dementia* is numerically most frequent, is from forty to fifty years; but, in comparison with the population, the frequency of this malady is in a direct relation with the progress of age." In examining a table from this work, we find that out of two hundred and thirty-five cases of *Dementia*, ninety-seven, a little more than one third, occur prior to the age of forty years; while the remaining one hundred and thirty-eight, or nearly *two-thirds*, are from the age of forty and upwards. The difference therefore is, that whilst in France, about two-thirds, out of a given number of cases, occur at or *above* the age of forty years; in Louisiana, out of a given number of cases, about two-thirds are found to have taken place *under* the age of forty, taking the time of admission as our data.

Dementia, like all other forms of Insanity, has its origin in a variety of causes, physical as well as moral, and the different ages in which it is manifested in the tables referred to, may in part be explained, from the fact that a portion of those related by Esquirol belonged to the higher and wealthy class of society, who often riot in excessive pleasure, giving full sway to inordinate passions and gross errors of regimen, which, by injuring the brain, dispose to Dementia in after life ; whilst those in our own Asylum have, most probably, been taken from the humbler walks of life, and living in a high Southern latitude, where cerebral affections, from exposure to the sun, are more common, and to which might be added the pernicious and fatal effects of onanism, all of which favor the development of Dementia at an earlier period of life.—*Ibid.*, May 1852.

*Instantaneous Insanity.*—The paper of Dr. Boileau de Castelnau which forms the first article in the present number, appears to have called out the observations of medical men in France. At a meeting of the “Society of Medicine of Paris,” in July last, Dr. Brierre de Boismont asked the attention of the members to it, and particularly enquired as to the experience of their Secretary-General, Dr. Bois de Loury. He himself spoke of the rapid and irresistible excitement that occurs in persons, and particularly in youth, although he conceded that in the latter it was more transient, more easily restrained, and seldom, if ever, dangerous. He further remarked on the rapid impulse to suicide in those who indulged in habits of intoxication. Of two individuals, who had never previously shown any indications of insanity, and who unexpectedly became so, after drinking to excess, the one undressed himself in an instant, ran to the parapet of a bridge and threw himself into the river, while the other, who sat quiet at the table, suddenly stabbed his neighbor with a knife, and running up stairs blew out his brains.

It has been asserted that these sudden impulses are rather apparent than real, and that we can always find out some motive to explain them, and particularly so as to suicide. Still it is no less true that a crowd of ideas will sometimes impel a person, with the rapidity of lightning, to actions and manifestations that his will cannot restrain, and is powerless.

Dr. BOIS DE LOURY was glad that his colleague had referred to this subject, the most difficult of any that is submitted to the law tribunals, in cases of insanity. “We are (he remarked) placed in the alternative



of either permitting the unfortunate, guilty in the eyes of the world and the magistracy, but yet, to the eye of medical observation, unable to guide his reason, to be condemned ; or, on the other hand, of allowing impunity to an adroit feigning of disease. The solution became still more difficult when the culpable act had not been preceded by any symptoms indicating a previous disordered state of mind, and when the individual himself can only explain it by the occurrence of a species of vertigo which, for a brief period, obliterates all knowledge or reflection.

“ Such cases are still rare. In my career as *Medecin-Legiste* I have only met with two, which I will briefly detail.

“ A female servant, gaining honestly her livelihood, was detained at St. Lazare, on the charge of stealing a small quantity of bacon. The money had been given her to purchase the article. She recollected having turned from the street leading to the market, but could not tell why ; and did not recollect having seen the seller, nor, indeed, any event that had occurred. She was greatly affected at the idea of disgrace to her family. She experienced frequently great heat in her head. was tormented with dreams of fire, of blood and of frightful noises. In consideration of the small value of the article stolen, of her previous good conduct, and of the certificate of several physicians, who stated that they had seen this female frequently in a state of high mental excitement, I was induced to admit, and so to certify, that she had been in a state of transient mental alienation when she committed the robbery, and the court dismissed the complaint.

“ Again, a female in a flourishing mercantile business, purchasing largely at public auctions, was detected by the waiter of a restaurant's, at which she dined with her husband and children, in concealing under her dress several articles taken from the table. She could not deny the theft, and again, could give no reason for it, although her previous life had been perfectly free from even a suspicion of such acts. Her age was thirty years, with a vigorous constitution, but she had frequently exhibited marks of high excitement. At this present time, owing to troubles in her family, she had been seized with violent nervous affections, and complained much of her head. The physician advised bleeding, to which she objected, and while in this condition, she committed the above offence.

“ On being interrogated, she complained of the state of mind under which she had labored previous and subsequent to the theft. She could not recollect scarcely anything, urged that she had not taken the more valuable articles, which were equally within her reach, and that her

condition in society was such that it was evidently not instigated by want."

Impressed with these considerations, and others that came to his knowledge, Dr. Bois de Loury gave it as his opinion, that the offence had been committed under a momentary seizure of insanity, and the court refused to pursue the accusation.

She had been subsequently visited by him, and was found calm and natural in her conduct.

Dr. BELHOMME was also of opinion that insanity might develop itself instantaneously, but in such instances there was usually a hereditary predisposition. Still it might occur altogether independent of this. There was the case of a commissary of police, who being at a sale was arrested for stealing objects of curiosity. On being placed with M. Bellhomme, in his *Maison de Sante*, no marks of mental alienation could be discovered, but before long he became insane, and sunk under general paralysis.

Dr. CASEAUX. "I am also a believer in these instantaneous attacks, and particularly in their inducing suicide. I have known a student, whose general condition was adverse to anything like gloomy thoughts, from some passing trouble, promenade the bridge of the Hotel Dieu, and overwhelmed for several minutes with sensations which portended the commission of suicide. We also frequently notice the influence of imitation. Persons will go to a certain spot and throw themselves off, or to a certain tree and hang themselves, because others have preceded them."

Dr. DESLANDES concurred with those who had already spoken. There was scarcely any person who had not transiently experienced, more or less severely, those insane ideas which suddenly rise and as suddenly disappear. He asked whether a crime committed while in this situation should lead to punishment. He thought not.

Dr. DELASIAUVE did not altogether concur with Dr. Deslandes. There was an important distinction to be taken. An individual is acting either under the influence of a passion, or he is really insane. The last is not held responsible, but the first is not in a state of disease; he may have full power over his will, and moral liberty; he may stop himself on the verge of crime. The insane, on the contrary, having no moral liberty, may hesitate, may recoil, but when the hallucination recurs, he yields to the fatal impulse.

Dr. COLLINEAU thought that there was a kind of instantaneous insanity which was extremely transient. But in such cases how are we to know the fact? Only by inquiring into the motives of action. But again it might be inquired, how possibly a person could become so suddenly insane, and then as suddenly be relieved from it. Did any physical lesion occur in such instances? Such questions are among the most difficult to be solved.—*Revue Medicale, Francaise et Etrangere*, September 16, 1851.

*Hereditary Insanity.*—Dr. MOREAU (de Tours), Physician to the Bicetre Hospital at Paris (for old insane men), has read before the Academy of Sciences, an important paper with the following title:—“On hereditary predisposition to cerebral affections. Can this predisposition be recognized by any particular signs?” The author rests his reasoning principally on comparative anatomy; his views may be condensed as follows: Constant and invariable laws regulate the manner in which the organization of the parents is transmitted to the offspring; hence arises likeness. The latter is not handed down in the shape of a few isolated features, but by the transmission of two great series of organs, which series are perfectly defined and distinct. One of these series includes the external form and configuration; the other regulates nervous functions. The transmission takes place according to fixed laws: when one of the parents communicates one series, the second parent transmits the other.

Passing afterwards from animals to man, and applying the above laws to human beings in their pathological order, Dr. Moreau has found that, in the majority of cases, when an hereditary similarity to *one* of the parents has been made manifest by certain pathological alterations of that portion of the nervous system which ministers to the intellectual faculties, the distinctive characters of that series of organs which preside over the expression of the face—viz., the vulgar acceptance of likeness—will not fail to have been transmitted by the *other* parent. This assertion is supported by 164 cases in a given number of 192.

The author, therefore, considers as demonstrated: 1st. That the law of hereditary transmission, according to series of organs, is founded upon truth, within certain limits, both as regards men and animals.—2d. That the transmission of cerebral disturbances and of the physical likeness may be effected by either parent, but most often by one of them only. 3d. That a family being given, among whose stock there have



been one or more individuals affected with insanity, it is very probable that the hereditary disease will settle in preference upon such of the children as have little or no physical likeness with the relatives in whom the disease has originated; and that the mental affection will, on the contrary, not affect that portion of the offspring who bear to those relatives a more or less striking physical likeness.

We would here merely remark, that the above assertions are well worthy of investigation and discussion, as it is evident that prophylaxis would in some degree become easy, if these positions turn out perfectly correct.—*London Lancet*.

The following observations by Dr. Castelnau on the memoir of Dr. Moreau, appear to us as worthy of consideration :

Dr. Moreau distinguishes two orders or series of resemblances. One concerns the organs of animal life, or resemblance strictly so called. In the other, the hereditary organization influences the nervous system. And according to our author, there is a sort of antagonism between the two, so that the parent who transmits the one rarely transmits the other, and *vice versa* ; as a practical result, and bearing on the occurrence of insanity, it would seem that the child who physically resembles one parent, will not resemble him or her intellectually; and if this parent is affected with insanity, the child will not be liable to it. The opposite will occur if the resemblance be different.

But in order to prove such a doctrine, theoretic propositions, nor indeed analogies drawn from observations on animals, are of but little value. We must have facts, and facts alone, and the observations of M. Moreau are certainly striking. Out of 192 cases noticed, 164 confirmed the rule laid down by him. Still even here the facts require a most careful examination and investigation. The matter to be proved is the resemblance, either physically or intellectually, to a parent, independent of insanity, and then the coincidence of its asserted supervention. It is then not sufficient for Dr. Moreau to assert, "that out of 192 cases which I have noticed, 164 confirm my doctrine," but he should enable all to judge respecting the resemblances or differences to which he refers. The cases should be spread out at large before the public, so that each may form his own opinion on this most interesting topic.—*Gazette des Hospitaux*, Dec. 20, 1851.

*New views on the subject of Pyromania.*—More than twenty-five years ago, the Austrian Government, influenced by medical reports, admitted a then current theory respecting the cause of one class of crimes, and modified the practice of the Criminal Court with regard to them.—There had been several cases of arson committed by very young persons, and medical men attributed it to a peculiar “organization” in the criminals, that drove them by an irresistible impulse to fire-raising. Thrusting a lucifer match into the dry thatch of a barn was, in fact, merely the symptom of a human malady, to which they gave the name of “Pyromania,” or in German, the more formidable title of “*Brandstiftungstrieb*.” Yielding to this medical theory, the Government ordered that in all such cases, the criminals should be subjected to a professional examination to ascertain whether they were afflicted with this really dangerous, and in its effect, at least, most catching disease, or whether they were responsible for their act by the possession of so much of the shepherd’s philosophy as taught him that the “property of fire is to burn.” Since that period (1824) the medical profession has, on further investigation, itself condemned and renounced the theory, and determined that the plea of “irresistible impulse,” and a peculiar “organization” against a charge of willful fire-raising is not a sound one; the Government therefore has also revoked the legal practice founded on the erroneous theory, but with its customary maturity of deliberation.

A medical report, dated in October last, states that the medical profession has for many years been convinced that the doctrine in fashion, a generation ago, was a false one. The decree releasing the Criminal Court from the obligation of handing over all youthful incendiaries to the doctors is only of the 30th of November. In future, the Court is to use its discretion, and order such an investigation only when there are grounds for it, as it does with other criminals. The eminent medical men who have signed the report, on which the present decree is founded, request to be relieved from the duty of examining all persons charged with this crime, and pronouncing a decision on their responsibility, which only had the effect of delaying the prosecution, *the doctrine on which they were authorized to act having been long exploded*; they assert confidently, that the efficacy of the law will not thereby suffer the least injury.—*London Medical Gazette, December 19, 1851.*

*Puerperal Insanity inducing the administration of poison.*—Hannah Ridley, a servant girl to a farmer at Allendale, was acquitted at Newcastle, of the murder of her infant child, whom she had poisoned by ad-

ministering to it arsenic soon after its birth, on the evidence of the medical men, who pronounced her to have been suffering at the time from an attack of puerperal insanity.—*Atlas (London Newspaper)*, March 6, 1852.

*On Insanity in its bearing on some of the Elements of Civilization.* By Dr. Morelli.—According to Dr. Brierre de Boismont, the proportion of the insane to the population in various civilized countries is as follows :

In New York,.....	1	in	721
In England,.....	1	in	783
In Scotland,.....	1	in	563
In France,.....	1	in	1000
In Italy,.....	1	in	4879

While conceding the difficulty of obtaining perfectly accurate returns, and hence doubting the absolute accuracy of the above, Dr. Morelli still takes it for granted that they are in the main correct, and endeavors to explain the remarkable exemption experienced in Italy.

As to the United States he remarks, that the immoderate use of intoxicating drinks readily explains the great prevalence of the disease, while in industrial countries like England and France, the causes, constant and almost irremediable, are the extreme misery of the laboring classes, with the vices and moral sufferings attendant on it. In Italy, on the other hand, but very few die from absolute want. The predominance of agricultural pursuits over mechanical ones, the natural fertility of the soil, which enables every one to gain at least a livelihood, and the consequent avoidance of that anguish, which impending and approaching starvation brings on the mechanic, are, doubtless, the main reasons of the greater exemption from the disease.—*Annales Medico-Psychologiques*, January, 1852.

[We doubt some of the premises of the above.—ED.]

*Influence of Civilization on the occurrence of Insanity.*—Dr. Lafargue states that insanity is very rare in Chili, but *delirium tremens*, in consequence of the excessive use of alcoholic drinks, is very common. In the valleys of that country there also occur a large number of goitrous idiots, deaf and dumb and deformed.



“ All the facts which I have collected, (says Brierre de Boismont,) during a number of years, and brought together in my memoir on the subject, go to prove that the prevalence of insanity in any country is in proportion to its civilization. All travellers unite in saying that it is very uncommon in South America, and the statement of Dr. Lafargue is another confirmation.—*Ibid.*”

*Statistics of Insanity.*—From the Annual Report of the Commissioners in Lunacy, just printed, it appears, that on the 1st of January, 1852, there were 16,456 insane persons confined in asylums, hospitals and licensed houses in England and Wales, of which 7,843 were males, and 8,613 were females. The number of pauper lunatics was 12,059, of which 5,492 were males, and 6,567 females.—*Medical Times and Gazette, Feb'y 7, 1852.*

*Insanity from smoking Indian Hemp.*—A grave question is at present agitating the public mind at Constantine. Within the last three months no less than eleven Mussulmen, nearly all young and of good families, have become insane and are secluded, in consequence of the intemperate use of *hachisch*. The Turkish beys formerly forbade it under the most severe penalties, indeed death was at one time the punishment. Still, even in the latter days of the Turkish rule, its use was comparatively uncommon. Now there are no less than twenty-two cafes or shops where *hachisch* is sold or used.—*Ibid.* October 31, 1852.

This subject is again noticed in the number of Feb. 15, 1852, and from it we add the following: *Hachisch* is said to be the philtre which excited to frenzy and to crime the followers of the “old man of the mountain” and it is the word from which *assassin* is derived. *Hachisch* is doubly dangerous; it makes persons crazy and it produces fanatics. If the present state of things continue at Constantine, it will not be long before the whole population will be disordered.

Desgenettes, in his *Voyage Medicale en Orient*, states that he had many in the Hospital at Cairo who became insane from the inordinate use of this substance.

*Disorder of the Speech.*—Society of Medicine of Paris, August 1851. Dr. Belhomme informed the Society that he was now attending a patient, in whom he observed certain phenomena that he had never before

witnessed. The individual was insane and attacked with commencing general paralysis. He replies correctly to questions put to him, but with hesitation, and if he be asked to write down his answers, he can only put down the half of words, the half of phrases, and each indeed, often in an unintelligible answer. His manner of writing is irregular and resembles that of a pupil learning, yet, before this, he wrote much and well. These results indicate to Dr. Belhomme the commencement of paralysis. Dr. DESLAUDES observed that such changes were very common with the paralytic.—*Revue Medicale*, Feb. 15, 1852.

*Singular Defect and Impotence of Memory after Paralysis.*—(The following case, quoted from Dr. Graves, in the Dublin Quarterly Journal of Medical Science, bears some analogy to one reported in a previous number, by Professor Hun.) A farmer in the County of Wicklow, in comfortable circumstances, when fifty years of age, had a paralytic fit, in the year 1839 ; since that time, he never recovered the use of the affected side, and still labors under a painful hesitation of speech. His memory seems to be good for all parts except noun substantives and proper names ; the latter he cannot at all retain, and this defect is accompanied by the following singular peculiarity ; that he perfectly recollects the initial letter of every substantive or proper name for which he has occasion in conversation, though he cannot recall to his memory the word itself. Experience therefore has taught him the utility of having written in manuscript a list of the things he is in the habit of calling for or speaking about, including the proper names of his children, servants and acquaintances ; all these he has arranged alphabetically in a little pocket dictionary which he uses as follows : if he wishes to ask anything about a cow, before he commences the sentence he turns to the letter C, and looks out for the word Cow, and keeps his finger and eye fixed on the word until he has finished the sentence. He can pronounce the word Cow in its proper place, so long as he has his eye fixed upon the written letters, but the moment he shuts the book it passes out of his memory and cannot be recalled, although he recollects its initial and can refer to it when necessary. In the same way when he comes to Dublin and wishes to consult me (for my name is among the indispensable proper names in his Dictionary)—he comes with his Dictionary open to the hall door, and asks to see Dr. Graves ; if by accident he has forgotten his Dictionary, as happened on one occasion, he is totally unable to tell the servant what or whom he wants. He cannot recollect his own own name unless he looks out for it, nor the name of

any one of his acquaintance ; but he is never for a moment at a loss for the initial which is to guide him in his search for the word he seeks.

He is a remarkably exaggerated degree of the common defect of memory observed in the diseases of old age, and in which the names of persons and things are frequently forgotten, although their initials are recollected. It is strange that substances or proper names, words that are the first acquired by the memory in childhood, are sooner forgotten than verbs, adjectives and other parts of speech, which are of much later acquisition.—*London Medical Gazette*, October 31, 1851.

*An individual deemed insane because he anticipated some of the scientific opinions of Sir William Herschel.*—The particulars of the following curious case are drawn from various sources, but principally from the work styled *Notes and Queries*, February 28, 1852.

In 1787, Dr. Elliot, a man of education and professional standing, was tried at the Old Bailey, in London, for shooting at a lady named Miss Boydell. He fired a pistol when very near her, as she was walking. Parts of her clothes were burnt, and a surgeon swore that she had two contusions below the shoulder blade, which corresponded with the mark on her gown. The jury found him guilty of shooting, but they did *not find that there was ball* in the pistol. On this he was acquitted.

An additional fact is given from Sir David Brewster, in a note to his edition of Ferguson's *Astronomy* : " The friends of the Doctor maintained that he was insane, and called several witnesses to establish this point. Among these was Dr. Simmons, who declared that Dr. Elliot had for some months before shown a fondness for the most extravagant opinions, and that, in particular, he had sent to him a letter on the light of the celestial bodies, to be communicated to the Royal Society. This letter confirmed Dr. Simmons in the belief that this unhappy man was under the influence of this mental derangement, and as a proof of the correctness of this opinion, he directed the attention of the Court to a passage of the letter, in which Dr. Elliot states, ' that the light of the sun proceeds from a dense and universal aurora, which may afford ample light to the inhabitants of the surface of the sun beneath, and yet be at such a distance aloft as not to annoy them. No objection, says he, ariseth to that great luminary being inhabited ; vegetation may obtain there, as well as with us. There may be water and dry land, hills and dales, rain and fair weather, and as the light, so the season, must be eternal, consequently it may easily be conceived to be by far the most blissful habitation of the whole system.' "



*Lord Chancellor Truro.*—An application was made to the Lord Chancellor last week for the payment, out of a lunatic's estate, of a fee of fifty guineas to Dr. F. Winslow, for his examination and report on the condition of a lunatic. In refusing the application, the Lord Chancellor remarked—*that in the present instance, as was likewise almost the invariable practice, the medical man had reported in favor of the views of those parties which had employed him.*

It is with regret that we find that one occupying the high position of the Chancellor has thus given expression, in a judicial capacity, to so illiberal an opinion on the subject of medical witnesses. Surely his Lordship's experience and acquaintance, as Sergeant Wilde, with numerous eminent members of our profession, must have given him a better knowledge of medical character. A little reflection would, we are sure, enable him to perceive that, whether in reference to the case submitted to his decision, or to the general practice of respectable medical witnesses, the imputation conveyed in these remarks is as unfounded as it is untrue.—*London Medical Gazette, November 28, 1851.* (The above unmannerly and unjust remark is but another example of the license which is occasionally indulged in, both by the bench and the bar, toward the medical profession. And then, too, the legal profession are so totally free, even of the mere suspicion of *favoring the views of those parties who employ them.*

Lord Truro, we are happy to observe, is for the present relieved from his arduous duties as Lord Chancellor, with the general consent, as we infer, of the English bar. His place is filled by at least as eminent a lawyer, Sir Edward Sugden, now Lord St. Leonard's.—ED.)

*Charcoal Cushions for de-odorization.*—A. S., a patient under my care in the Hackney Union Infirmary, has for some time past "passed everything under," and thereby become a nuisance and cause of complaint to the other patients in the ward. Eleven days ago, I adopted a plan of placing beneath her a calico bag, two feet square, partially filled with Irish peat charcoal, so as to form a sort of cushion and absorbing medium. It has had a happy effect, which continues even now, without any necessity for changing the charcoal, of completely neutralizing all unpleasant odor, and if the bed becomes partially wet, all the offensive ingredients are absorbed and neutralized by the charcoal, which thus is a most simple means of remedying a great nuisance and one that requires the most strict attention, at best, to prevent, and that attention is

often difficult, and always expensive to procure. In cases of incontinence of urine particularly, and, indeed, all attended with fœtid discharges, cancer, compound fractures, &c., this plan, or some modification of it, might be adopted with advantage. I have been informed that some of the same material has been placed in the urinals of the South-Western Railway, with equally good result in the prevention of unpleasant odor, and that even after it has been unchanged for several weeks, the fluid that percolates has been found, by chemical analysis, to contain little or no trace of the organic or saline products of urine. The fact induced me to try it as above. An argument in favor of its adoption in *hospitals and lunatic asylums* is, that the peat, after its deodorizing properties are exhausted, becomes more valuable for the purpose of manure, so that its use is without expense.—Mr. Howell, in Dublin Medical Press.—*Monthly Journal of Medicine*, March, 1852.

*Suicide of the Girondists.*—Granier de Cassignac, in his “History of the Directory,” gives the following details.

Petion and Buzot, after being tracked from one hiding-place to another by the revolutionary tribunals of Bordeaux, took poison and were found dead in the woods, half-devoured by wolves.

Barbaroux, being surprised in his retreat, shot himself twice with a pistol, and was carried dying to the scaffold.

Vergniaud carried poison with him, but threw it away, refusing to take it.

Valaze gave a pair of scissors to Riouffe on going to the revolutionary tribunal, but kept a knife, with which he killed himself on his condemnation.

Louvet states, in his curious narrative, that he was armed with the means of committing suicide, in case of serious danger.

Condorcet, also, carried poison with him. His history is well known. He was arrested and imprisoned at Bourg-la-Reine, previous to being taken to Paris. The next morning, on taking food to him, he was found dead.

Roland, like the others, destroyed himself.

We have brought together these facts to show that suicide was the result of the philosophical opinions of that day. The early revolutionists copied the examples of the ancient Stoics, whom they adopted as models.—*Brierre de Boismont*, in *Annales Medico-Psychologiques*, Jan. 1852.

*The Insane at Damascus.*—The *insane* are not very numerous, and the disease seldom assumes a furious character; those afflicted being usually kept in the houses of their friends, and often permitted to enjoy the liberty of going where they please about the city. Many of the Derwishes, or religious monks of Islamism, are insane, though I believe they never become furious maniacs. They are allowed to go wherever their inclination prompts them, and they rarely do much mischief, except to throw stones at Christian boys along the streets, and to curse Franks who may happen to pass near them. They often take the liberty of entering the harems even of the most wealthy, and violating the inmates, but this scarcely displeases any one, and least of all the party most injured. When a case of furious insanity occurs, the madman is sent to a public institution in the city, called the *maristan*, founded by some benevolent Muslim in the time of the later Caliphates—a stately building, but now as destitute of every comfort as any prison in this barbarous land. In this he is secured by an iron chain to the marble pavement, and left without bed—not even a little straw—and no food but an occasional cake of coarse bread and a jar of water, brought by some pitying relative, or, oftener, by some pious Muslimeh in fulfilment of a vow, made, perhaps, like that of Samuel's mother, in connection with her domestic relations. The government provides nothing for the Asylum but a warden to open and shut the doors; for though a physician is annually appointed, his place, for which he receives a salary of *six dollars and a quarter* per annum, is a sinecure, as he never enters the building. Here, cut off from every social tie and deprived of every physical comfort, their bodies fettered with iron, and their spirits goaded to the very blackness of despair by the cruelties they suffer, the wretched maniacs sink into drivelling idiocy, and in this state are restored to their friends, unless death earlier release them from the inhumanity of man. In this Asylum none recover.—*Dr. Paulding, American Missionary, on Diseases and Practice of Medicine in Damascus. Boston Med. and Surg. Journal, March 3, 1852.*

*Judge Story Visiting a Lunatic Asylum.*—In a letter to Mrs. Story, dated Washington, February 5, 1814, he says: “I had great pleasure in visiting the Philadelphia Lunatic Hospital, which on the whole is rather superior to that in New York. You have read of the mad philosopher in the *Man of Feeling*. I saw a perfect image of him in this institution, in a Mr. N——, formerly of the Island of Nevis.—He was a gentleman of great respectability and considerable learning.—



I went into his apartment, was introduced to him, and received with great politeness. He was sitting at his table, with a woolen cap on, and various paints in oyster shells before him, which he was busily engaged in using on some geographical and astronomical charts. He was pleased to show me several of his drawings of imaginary as well as of real creations of this and of the invisible world. He reasoned well as to the objects and ideas on which he was engaged, but was utterly incomprehensible in his strange associations. He talked a great deal about the divine father and mother, and on one of his paintings a man showed me the divine mother drawn on a strange chariot drawn by two horses. He assured me that she was not drawn by any application of harness or tackle, but by the impulse of "divine sympathy." He said that Galileo and Copernicus were not only erroneous in their theories of the world, but very bad men, and that Ptolemy was erroneous, but in his opinion was otherwise a good man. He showed me a great many painted maps of chaos and divine regions, which with great good nature he explained, and, on my taking leave, seemed highly gratified by my visit. Such is man! So thin is the partition that divides reason from insanity, and splendid imaginations from dull realities."—*Life by his son, William W. Story, vol. 1.*

We cheerfully insert the following in relation to the "Review of the Trial of Capt. John Windsor," published in the January number of the present year:

In a letter recently received from the Hon. A. P. Robinson, of Delaware, in reference to the course pursued by His Excellency Governor Ross, in the case of Capt. Windsor, he states that he was well convinced from the testimony, and assured by the opinions given by the several medical gentlemen as to the responsibility of W. at the commission of the deed of murder, that he was not a proper person on whom the penalty of the law should be inflicted; yet the constitution and laws of the State provided only for an unconditional pardon or a respite from time to time, which latter course he adopted, and recommended the subject to the Legislature. At the last session of that body a provision was engrafted in the revised code authorizing the Governor to grant a full pardon in such cases upon the condition that the convict shall immediately be sent to an asylum for the insane. This goes into effect after the publication of the code in October, 1852. The Governor has again respited W. until the 17th of October, after which he will be placed in an asylum. He further states that Windsor retains his delusions in all their vividness.

BIBLIOGRAPHICAL NOTICES.

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*Remarks on the Plea of Insanity and on the Management of Criminal Lunatics.*—By William Wood, M. D. London, 1851.

(From the London Medical Gazette.)

We can only briefly call attention to this well-written essay on a very difficult and important question. The author denounces the current *medical* mania of pronouncing every atrocious criminal insane, and the common *judicial* mania of testing insanity and responsibility for crime merely by the existence of a capacity to distinguish right from wrong. He suggests that a "STATE ASYLUM" should be founded for the reception of those convicts who are unappropriately called Criminal Lunatics. He proposes also that a power should exist to confine inveterate drunkards, and we would add to this class, inveterate opium-eaters. Reckless expenditure and waste, with misery, disgrace, and destruction of health, are to be regarded as necessary results of the abuse of alcoholic liquors and opium. There might be some difficulty in drawing a line, as there is every shade in tippling and opium-eating; but the safest test would be the degree of interference with the conduct and ordinary duties of the individual produced by a perseverance in such pernicious practices.

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In another number of the same Journal, (November 12, 1851,) it is stated that Lord Shaftesbury, as Chairman of the Commissioners of Lunacy, intends to bring this subject before the House of Lords, at an early part of the next session. As this matter is assuming some interest even in this country, we subjoin a further extract from another English writer.

Dr. Boyd, of the Somerset Asylum, who has written on this subject, justly observes, that a difference ought to be made between an *asylum* and a *prison*, and adduces the following cogent reasons for an immediate change.

“ In the second place, allowing criminal lunatics the same amount of liberty which is considered requisite for the comfort and successful treatment of the other patients, affords the former many opportunities of effecting their escape ; thus leaving society open to violence and wrong at the hands of individuals, who are quite aware of the fact of having a plea to shield them from the penalties attached to crime. The Commissioners of Lunacy have brought this subject under the consideration of the Home Secretary, and from their fifth report it appears that there were 304 criminal lunatics in confinement, last year, one of whom contrived to escape no less than six times from a licensed house.

“ In the third place, there are instances on record of criminals, who have either escaped the hands of justice by feigning insanity, or been acquitted of crime on the ground of insanity, who have frequently appeared in full mental vigor, and finding themselves imprisoned for an indefinite period, become desperate and induced to exert all their energies in creating disaffection in the minds of the other patients, and materially interfering with the successful treatment of these and with good order in the Asylum.”

The force of these objections to the present loose system of associating criminal lunatics of every degree with those who have committed no crime, is so obvious that we do not think the proposed measure can meet with serious opposition.

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*Notes on Lunatic Asylums in Germany and other parts of Europe.—*

By W. F. CUMMING, M. D. London, 1852.

[From the London Journal of Medicine, March, 1852.]

The author, to use his own words, “ having for a long time interested himself in the subject of insanity, and visited the asylums of many countries both in Europe and the East, was desirous of becoming acquainted with the Institutions of Germany, and of seeing if the me-



taphysical character of the people manifested itself in peculiar forms of derangement, or in peculiar methods of cure." The valuable pamphlet now before us owes its origin to this circumstance.

Dr. Cumming states that physical restraint is still much used in the best continental asylums, and that in general arrangement the asylums of this country are superior in most respects to those of other lands. Regarding the asylum of Sieburg, seven miles from Bonn, he writes:—"The internal accommodations are very inadequate; and this is especially the case in the apartments for the violent, which were over-crowded and not over-clean. In them I saw several patients of both sexes, under restraint, and notably two, who were enclosed in a sort of wooden sentry-box, with only their necks and heads exposed. I was not a little struck with this apparatus, which looked more like a Chinese punishment than a means of medical treatment; but on asking Dr Focke the history of so strange a practice, I had the mortification of learning, that the model of the apparatus had been brought by Dr. Jacobi from England, many years ago, and that they had always retained the name of 'English chairs.' I trust that no such instrument of duration is to be found in England at the present day."

There is one point on which Dr. Cumming insists which we think of great importance; namely, the urgent necessity of increasing the number of resident medical men in attendance upon the inmates of our asylums. No general or routine system can be applied to all, with a hope of cure; and it is recovery, not mere subordination, which ought to be aimed at. While Hanwell (says Dr. Cumming) with its 1000 lunatics, has only two physicians resident in the Asylum, Sieburg with its 200 patients, has four medical officers; and Sonnenstein and Leibus, containing respectively 240 and 146 lunatics, have each three physicians. It is impossible that any one man can render himself so thoroughly conversant with the mental condition of 500 patients, so as to be able adequately to direct their physical treatment. We commend this little work to our readers. It is elegantly and forcibly written and contains much interesting and practically useful information.—*London Journal of Medicine*, March, 1852.



# A M E R I C A N JOURNAL OF INSANITY. FOR OCTOBER, 1852.

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## ARTICLE I.

QUALIFICATIONS AND DUTIES OF ATTENDANTS ON THE INSANE. "*On the employment of Male Attendants in the Female Wards of Lunatic Hospitals: Is it judicious or defensible? With views of the general Qualifications and Duties of those immediately in charge of the Insane.*" By FRANCIS T. STRIBLING, M. D., Superintendent of the Western Asylum, Staunton, Va. —Read before the Association of Medical Superintendents of American Institutions for the Insane, convened in New-York, May, 1852.

The official circular of our worthy president dated in July last, asked that I would present at the present meeting, a dissertation on the above subject.

Reversing the order in which the subject is proposed, I have to say, that in my opinion, there is no one item connected with the management of institutions for the insane, more deserving attention, or fraught with more important consequences, than that which relates to the qualifications of attendants.



The medical superintendent may be most admirably skilled in investigating, and most fortunate in detecting the cause or causes, which have operated to displace reason from her throne ; he may be renowned for his tact and judgment in prescribing remedies, both medical and moral, for the removal or amelioration of the malady ; he, with well qualified professional assistants, a competent steward and matron, and faithful supervisors, may be extremely vigilant in seeing that his prescriptions are properly observed ; but to the attendant peculiarly belongs the duty, and is attached the responsibility of applying the means which the officers provide and direct. To him is especially committed by day and by night, the guardianship and protection of the insane. He should neither be regarded as their master or their servant, but as their companion, their guide, their tender and sympathizing friend,—in a word, the comfort of the patient and his restoration to reason and usefulness, depend especially upon the character and qualifications of his attendant, and hence how important is it, that none should be selected for so responsible and self-denying, at the same time, so noble a work, but those who may be qualified therefor morally, intellectually, and physically !

The insane as a class are morbidly suspicious, and scrutinize more closely the conduct of those with whom they associate, and especially of those under whose control they may be, than many would imagine. It should be the aim of all having them in charge, to acquire their respect and confidence, and this can only be effected by such a course as ought to merit them. The attendant should be sober, discreet, virtuous. He should possess a cheerful, accommodating disposition, an amiable, kind, sympathizing nature, and his manner should be pleasing and conciliatory. His temper should have been proper-

ly trained, and fully subject to his control, under all circumstances of disappointment, or provocation, and he should be eminently endowed with the virtues of patience and perseverance. No one point in his character should be more conspicuous than a conscientious, consistent regard for truth, as his veracity once questioned, whatever his motive for affording the ground for doubt, will of itself be sufficient often to destroy wholly his influence with his patient. With these requisites should be blended an amount of firmness and decision of character, which would at all times enable him to impress the insane, with a sense, that, whilst he was their friend and associate,—that notwithstanding mild and persuasive measures, were most in consonance with his nature and wishes, still that he had undertaken an agency, which makes it his duty to carry out, and if need be, enforce the plans and directions of the medical superintendent,—and that should necessity require it, he would not shrink from resorting to any reasonable amount of coercion to insure obedience on the part of the patient. In addition to these and other requisites of a moral nature, which might be cited, he should exhibit in his every day walk and conversation, that he prizes his position, not alone because of its pecuniary emolument, but chiefly because of the advantage it affords him, of ministering to the comfort and alleviating the distresses of those, many of whom, are, of all God's creatures, the most sorely smitten.

It is not important, that the intellect be highly cultivated, nor indeed, if desirable, would it be practicable, within the limited means at command of most of our asylums, to obtain for such a post, the services of those who had devoted much time to literary, or scientific pursuits; but as the attendants will be looked up to by the insane for guidance, as well as protection, it is of the

first importance, that the individual possess good practical sense, improved at least by a reasonable common school education. To make him useful and render him discreet, he should be capable of comprehending, as well as have the disposition, to comply with all the regulations prescribed for his government. He should not only be qualified to learn through the media of books, periodicals and newspapers, much, which by its judicious disclosure, might interest or amuse the insane, but should also be able to understand and appreciate all that is directed to be done—as thus he would often perceive the necessity and as a consequence subject himself to much self-denial and endurance, in pursuing measures, which one more ignorant might consider unnecessary or improper, and hence neglect. In nothing however is the intellect of an attendant, more constantly or more decidedly vested, than in the necessity which exists for devising amusements, and occupations adapted to the varied conditions of those entrusted to his care. It requires not only unremitting vigilance, but much tact and discrimination, to decide as to the proper moment when the effort should be made to turn the disordered thoughts into other channels, to banish some painful recollection, or call up some agreeable association, and the method to be adopted depends much upon the ingenuity of the attendant. The Physician can only give general directions in regard to such matters, and from necessity the mode in which his directions are executed and the amount of good which results from them, must in the main depend upon the inventive capacity, as well as the fidelity of the attendant. As to physical qualifications; whilst a more than ordinary degree of muscular strength is sometimes found useful in order to the timely restraint of the maniac, who has become suddenly excited, this is far from being so frequent or



important as the inexperienced might imagine ; indeed it may be questioned on the whole whether, it is desirable to have in an asylum, many attendants of this description ; there is at least danger, that such, relying upon their superior physical power would often be tempted unnecessarily to substitute brute force for the more desirable agencies of persuasion or of tact, blended with a firmness and decision calmly evinced. But all will admit, that whatever the moral and mental qualities possessed by an attendant, these cannot be properly and efficiently exercised, unless the individual be blessed in a good degree with bodily health. To say nothing of the usual effects of ill health upon the temper and feelings of the invalid, the duties appertaining to the post of attendant are often arduous and wearing, and usually are calculated to test severely the health of the most robust. They require for their proper execution the energies of a sound mind in a sound body, and none others than those thus favored should venture to undertake them. In addition also to those considerations it should not be forgotten that nothing probably so much deranges the order and system which should characterize the internal operations of an Asylum, as the sickness or absence of one or more attendants ; and whilst these are, under the most favorable circumstances, sometimes unavoidable, care should be taken, as far as practicable, to guard against the evil by employing only those who seem to have the promise of continued health, and whose circumstances are such as to call them but seldom from their posts.

Having thus given, very briefly, some of the requisites, which, in my opinion, are necessary to qualify one for being an efficient and useful attendant, I pass on to remark as to the duties.

These are so varied and would require for their enu-

meration so much more time and space than I have at command, I will content myself with merely stating that they can all be arranged under general heads, as follows: 1. Duty to officers; 2. Duty to patients; 3. Duty to Institution; 4. Duty to themselves and to each other.

There is, so far as I have observed, a remarkable uniformity in the by-laws enacted for the government of most of the Hospitals for the insane in the United States, and in no one point is this uniformity more conspicuous than in reference to the detail of duties prescribed for attendants. Experience has fully tested and established the wisdom of these regulations and I can think of no change which would affect the general principles on which they are based, that would be likely to improve them.

You ask, Mr. President—Is the employment of male attendants in the Female ward of Lunatic Hospitals judicious? Is it defensible?—I unhesitatingly answer both queries in the negative. With an experience not now brief, and after having the care of more than five hundred insane females, I am prepared to assert that, as yet, no single case has come under my observation where it was deemed necessary or advisable to call in a male attendant to aid in controlling the patient, how can I believe otherwise than that to introduce as a system male attendants into female wards would not only be unnecessary, but unwise and unjust. It would, I fear, outrage public opinion—do violence to that shrinking modesty, which perhaps more than any other virtue imparts loveliness to the female character, and must tend to aggravate the distrust and anxiety of those already heart broken parents, husbands and brothers, who are called upon to seek the advantages of a hospital, in be-



half of a cherished, but stricken daughter, wife or sister.

I am not aware that this constitutes a feature in the management of any one of the Hospitals for the insane in our country, nor did I suppose until the receipt of your circular that such an idea had ever been conceived.

The opinions above expressed might be sustained by an array of arguments addressed to the intelligence, the conscience and the feelings ; but as I cannot imagine a solitary reason entitled to the least weight in opposition thereto, I will content myself with indorsing (which I most cordially do,) the views so forcibly and admirably expressed a day or two since by our associate, Dr. Ray, upon this subject.

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## ARTICLE II.

### MISSOURI STATE LUNATIC ASYLUM.

This Institution, located at Fulton, in the central part of the State, was opened for the reception of patients about the middle of May, 1852. Dr. T. R. H. Smith, the Superintendent has furnished us the following description :

It consists of a four-story brick building, a centre and two wings. The centre is 80 feet long and 42 feet wide, with a portico in front supported by massive columns. The front half is occupied by the officers of the Institution, the other half appropriated to dining rooms for the patients. These dining rooms are fifteen by thirty-six



feet, one for men and one for the women, on each story, and connected with the halls in the wings. Each one is supplied with a sink for washing dishes, a speaking tube and dumb waiter communicating with the kitchen. A series of verandas are in course of erection in the rear, into which the halls of the wings will open. The wings are connected with the centre and open on its rear, and are 70 feet long and 40 feet wide. Through each story extends a hall ten feet wide, open at both ends with sliding sash from floor to ceiling. The rooms for patients are on each side of the halls, in size 9 by 13 feet, and eleven in number on each floor. There are also rooms for attendants, a clothes' room, a wash room with cast iron bath tub, a shower, and a water closet. The water closets are ventilated downwards by a common pipe which is connected with each under the seat, and in the basement opens into a large ventilating shaft, in which is placed a cast iron furnace supplied with air only from this source. The first story is 11 feet high, the second and third 10, and the fourth 8.

The centre building is heated by stoves and grates, the wings by steam. The steam is generated in boilers situated in the basement of a building forty feet in the rear of the centre and carried to air chambers under the corridors of the wings and extending their entire length, and are 10 feet wide and 8 feet high with plastered sides. The cold air is admitted through openings in the bottom of the side walls. The warm air is distributed to the halls alone through flues in the side walls opening under the ceiling of the air chamber. There are also tin pipes 8 inches in diameter running from the top of the air chamber horizontally to flues in the cross walls which open into the rooms.

The building in which the boilers are placed is a two story brick, and is appropriated to the several purposes of a bakery, laundry, drying rooms and lodging rooms for hired help.

The supply of water is from a creek three-fourths of a mile distant; this is forced up by steam power. There is an engine house on the bank of the stream in which the boilers, engine, pumps, etc., are placed. A well is dug in the engine house communicating with the creek by an iron pipe; from this well the water is drawn by the pumps and forced up through a three-inch cast-iron pipe two and one-half feet under ground, into two communicating reservoirs on an eminence higher than the fourth story of the main building, and 400 yards distant from it. These reservoirs are made of hard, brown-burnt brick laid in hydraulic cement, the bottom covered with stone laid in the same, and are capable of holding 200,000 gallons. Three-inch cast-iron pipe is laid from the reservoirs to the Asylum edifice. From this termination the water is distributed through lead piping to kitchens, dining rooms, offices, bath rooms, water closets, and hot-water tank in the attic heated by steam from the boilers. There is from the cast iron pipe a branch pipe for feeding the boilers, supplying water for washing, etc.

The Institution is now capable of accommodating one hundred patients.

## ARTICLE III.

INSTITUTIONS FOR THE INSANE IN PRUSSIA,  
AUSTRIA AND GERMANY.—By PLINY EARLE,  
M. D., late Physician to the Bloomingdale Asylum for  
the Insane, New York.

“Poi sem venuti al luogo ov'io t'ho detto  
Che vederai le gente dolorose,  
Ch' hanno perduto il ben dell intelletto.  
Quivi sospiri, pianti, ed alti guai  
Risonovan.”—*Dante.*

But “they shall obtain joy and gladness, and sorrow and sighing shall flee away.”—*Isaiah.*

## INTRODUCTION.

State of our knowledge of Psychiatrie, and Institutions for the Insane, in Germany.—Early attention to mental disorders by the Germans.—Periodical literature upon the subject.—Doctrine of Reil.—The Somatic, Psycho-Somatic and Psychic schools.—Doctrine of Heinroth. Condition of Asylums at the commencement of the present century.—Proceedings in Saxony.—Progress of Asylums.—Comparative advantages of large and of small establishments.—Separate Asylums for the curable and the incurable insane.—The relative connection of such institutions.—Arguments of Zeller and other physicians.—The true principle to be followed in the establishment of Asylums suggested.—Psychical instruction of medical students.—Clinics in Asylums for the Insane.—Superintendents of German Asylums.—The organization of those Institutions.—Object of their special description.—Comparison of German with American Asylums.—Moral treatment of patients.—The use of instruments for bodily restraint.—Dr. Tschallener's restraining chair.—The jacket.—Conveyance of patients, by deceptive means, to Asylums.—The insane blind.—Use of Tobacco.—Architectural defects.—Order in which the Asylums were visited.—The notes, forming the basis of the descriptions, taken in the summer of 1849.

That broad field of the medical profession in Prussia, Austria and Germany, in which the laborers are endeavoring to restore the alienated mind, and to render the condition of those persons for whom such restoration is



impossible as comfortable as circumstances will permit, has hitherto been almost *terra incognita* to the physicians of the United States. With a knowledge of the labors of those distinguished modern pioneers, Pinel and Tuke, and of their compeers and successors in their native countries, we have pursued our way, taking advantage of their experience and improving thereupon, but without the endeavor to push our researches beyond the limits of Great Britain and France. Indeed, a general impression appeared to prevail, indicated, it is true, more by negative than positive signs, that, aside from the countries mentioned, the nations of Europe had made but little progress in this department of the profession, and hence could furnish us nothing commensurate with the labor and expense necessary to its acquisition.

We had the excellent work of Dr. Jacobi, but he is upon the very borders of France, at a distance from Paris less than that of Marseilles. Some volumes of the writings of Heinroth, translated into French, have found their way across the Atlantic. The Institutions of Schleswig, Pirna, Vienna and Prague have been incidentally mentioned in the English and French publications which we have received. Dr. Ray visited those of Siegburg and Illenau, and speaks of them in the interesting treatise which embodies the results of his tour among the foreign Asylums. Further than this, however, we knew but little, if anything, of the establishments for the insane throughout the extensive territories the people of which speak the German language. We had no idea of their condition; we knew not even of the existence of a large majority of them, and some of these among their very best.

For the purpose of giving a more comprehensive idea of the general subject of insanity, in Germany, than

could be derived from the special descriptions of Institutions, I propose, in this chapter, to enter briefly into its history, and subsequently to touch upon some points of particular interest connected with Hospitals and the treatment of their patients. It is proper to remark that, for the sake of convenience and brevity, the terms "German" and "Germany," will here be used in reference to all the nations, inclusive, of Prussia, Austria and Germany proper.

The theory of mental disease has, for more than half a century, received no small share of attention from the German physicians and philosophers. The opposite could hardly have obtained among a people so characteristically prone to studies of a metaphysical nature. Mental and moral philosophers and the members of the medical profession would perform but half their work if they restricted their investigations to the physiology of the mind, regardless of its pathology—if they informed us of its normal operations, and left us unenlightened in regard to the modifications induced by disease. It could not reasonably be supposed that the people among whom have originated the doctrine of vital force, the theory and the practice of animal magnetism, hydropathy, and, finally, homœopathy,—which perhaps may be ranked among the metaphysical, rather than the physical sciences,—would have overlooked, or passed unheeding by the more prominent, because the more evident and easily-perceived subject of mental alienation. They were not guilty of the absurdity. Their observations and reflections upon the subject were, to some extent, embodied, and found expression through the periodical press long before the close of the last century. A magazine chiefly devoted to the doctrines and treatment of



mental disorders was commenced in 1783, but its existence was ephemeral. The honor of establishing the first periodical exclusively devoted to those subjects, is conceded to Dr. Reil. The first number of the work was published at Halle, in Prussian Saxony, in the year 1805. It was conducted by Dr. Reil and the philosopher Kayssler. They both contributed to its pages, but the latter more than the former. They received but little assistance from other writers. Unfortunately for the science, Kayssler died but a few months after the commencement of the enterprise, and the publication of the journal was consequently suspended, never to be resumed.

In 1808, Dr. Reil, in connection with Professor Hoffbauer, of the University of Halle, commenced another periodical of a similar character, entitled "Researches upon the Method of Cure in Mental Disorders." This, too, was doomed to but a brief existence. It would appear that its originator lived at a period too early for general appreciation; at least, he could not find that number of efficient collaborators and contributors essential to the vigor, or even the vitality of such a publication. It died of inanition.

The doctrine of the philosophy of insanity promulgated by Dr. Reil, is, if I properly understand it, that whatever may be the original cause of the disorder, both body and mind eventually become diseased. The physiological lesion is, according to his hypothesis, the most important and controlling, yet, from the reciprocal action of the two components of our being, the corporeal and the mental malady mutually tend to increase each other. The discussions upon this theory were, if not the initiative, at least among the early proceedings which result-



ed in that division, or classification of the German psychological and some of the other physicians, as well as some non-professional philosophers who interested themselves in the subject, into nominally distinct schools. In the progress of the discussion, the opinions of various persons were elicited,—opinions varying from the one extreme that, in insanity, the essential lesion is purely and only corporeal, to the other, that it is purely mental. Each of the several theories thus advanced found its proselytes and advocates; the lines of demarcation between them became gradually more and more distinctly drawn, and, at length, what are called the Somatic, (or Zomatic,) the Psycho-Somatic, or Mixed, and the Psychic Schools were established.

In 1818, Nasse commenced his “*Journal of Psychological Medicine, with Special Considerations upon Magnetism.*” It received more assistance and met with greater success than any of its predecessors, and was published eight years. Its general tendency was psycho-somatic; and, although there were many advocates of the purely somatic and purely psychic theories, the doctrine of Reil obtained the largest number of supporters. The editor was one of the principal writers whose productions appeared in the *Journal*, and his articles bear the impress of emanations from a superior intellect. The influence of the *Journal* was favorable to the cause of the insane, as it disseminated, to some extent, a knowledge of their wants, increased the taste for the study of mental disorders, and awakened in its readers, of whatever doctrine, an interest in the improvement of hospitals.

It appeared necessary to the proper elucidation of our subject, that, in mentioning the several schools into which the German savants became divided, the chrono-

logical order of events should be partially disregarded. It was not until after the establishment of Nasse's Journal that extremes upon the theory of insanity began to be taken. The various authors advocated their individual opinions, and opposed those of their opponents, with an earnestness and warmth of zeal not invariably restricted within the limits of commendable moderation. No other discussions are so liable to become intemperate as those upon subjects which are insusceptible of positive demonstration,—beyond the possible reach of any decisive test. No other doctrines are advocated and contested with such bitterness of partizanship, as those which relate to matters of mere opinion or faith,—questions which never have been, are not, and never can be, with the present limits of human knowledge, fully understood.

As soldiers of contending armies follow their generals, so the physicians of the German schools thronged to the standards of their chiefs. Jacobi became generally acknowledged as the leader of the Somatics, Zeller of the Psycho-Somatics, and the spiritual Heinroth,\* he of the towering genius and the giant intellect, of the Psychics.

There is not, according to my comprehension of the subject, entire unanimity of sentiment among the advo-

\* Now that the grave has closed over the ashes of this distinguished man, and whatever asperities might have existed during his life have been mostly worn away by the gentle but effective attrition of the current of time, all men—even his most inveterate opponents—must acknowledge that he was endowed with eminent natural qualifications, that his belief in the doctrines which he inculcated was sincere, and that his industry was worthy of commendation and imitation. His talent was neither hidden in a napkin nor secreted in the ground. His light—whether it may have been a beacon of truth, or an *ignis fatuus* leading into the labyrinth of error—was certainly not concealed “under a bushel.” Demonstrative of this, he has left behind him no less than sixteen works upon medical and psychological subjects, besides several popular romances or novels, published under the *nom de plume* of Treumund Wellentreter. All these, which would seem to be sufficient labor



cates of the Somatic doctrine. They all believe that the causative, conditional or necessary lesion in insanity is physical; but while some contend that it must be in the special organ of the mind, the brain, others maintain that it may be in some of the other viscera. Among the supporters of the former theory, is Dr. J. B. Friedreich, of Anspach, in Bavaria, who has published, besides other works, an "Exposition of the Theories upon the Nature and the Seat of Mental Diseases."\* He denounces the psychical doctrine of Heinroth as "diabolical." It is not my intention, as this is not the place, even if I were qualified for the undertaking, to enter into a detailed exposition of that doctrine; but having expressed the denunciation of Friedreich, I can not well avoid a few remarks.

The theory of Dr. Heinroth is based upon the assertion that insanity begins in vice—in a deterioration of the moral sentiments. Now, it appears to me that the great mass of observation furnishes testimony tending to dis-

for an ordinary life-time, were written during the intervals of somewhat arduous professional duties.

Dr. Heinroth was born at Leipsic in 1773, and died in his native city in 1843. He completed his medical education in Paris, where, a pupil of the great reformator of Lunatic Asylums, Pinel, he devoted particular attention to insanity and the treatment of the insane. After his return to Leipsic, the Saxon government created a chair of Psychiatrie for him, in the University, and appointed him physician to the department for the insane, in St. George's Hospital. He first introduced the system of Pinel into Germany, and translated into his native language the works of both Pinel and Esquirol. Among the most important of his writings are, the "Treatise on Mental Hygiene," the "Guide to Physicians for the Insane," the "Manual of Mental Diseases," and the "Manual of Anthropology and Principles of Criminal Psychology." Some years before his decease, the King of Saxony bestowed upon him the title of Aulic Counsellor.

\* Historisch-Kritische Darstellung der Theorien ueber das Wesen und der Sitz der psychischen Krankheiten, von Dr. J. B. Friedreich. Leipsig, 1836.



prove the truth of this assumption. If it be true, why have we not a greater number of insane, since vice, as Dr. Heinroth uses the term, is not generally considered to be of very limited prevalence among mankind? Wherefore are not all criminals affected with mental diseases? How is it that many persons of a blameless character, some of the most noble patterns of purity of life and uprightness of conduct, exemplars in benevolence and piety, are stricken by this awful visitant, while the burglar, the freebooter and the murderer are left unscathed? Whence is it that mental alienation is so common in enlightened nations, and yet so rare among the aborigines? Is it because there is no vice among the American Indians, that, in all their various tribes, as is asserted by authors of undisputed authority, insanity is unknown? If it be so, then let us leave the bright haunts of civilization and hie away to the forests and the prairies: let us crush the foreheads of the Goliaths of Steam and the Printing Press, and shoulder the quiver and bend the bow amid the solitudes of the desert: let us give up the Bible and the Cross and "bow down to idols of wood and stone." But, no: no species of sophistical reasoning, how plausible soever upon a superficial examination, no metaphysical hair-splitting, how dexterously soever it may be performed, can ever answer the foregoing propositions in such manner as to reconcile them, in my opinion, with the premises of the argument of Heinroth's theory.

In 1829, a Journal devoted to the philosophical and medico-legal study of insanity was commenced. It appeared, at irregular intervals, for a time, and was then discontinued. Dr. Jacobi, in association with Dr. Fleming, of the Sachsenberg, and Dr. Zeller, of the Winenthal Asylum, published a volume of essays upon

insanity, in 1838, with the intention of prosecuting the undertaking at intervals, making the work a serial rather than a periodical. No second volume has appeared. At length, in 1845, the *Journal of Psychiatrie and Psycho-legal Medicine*\* was established, with Dr. Damerow, of the institution at Halle, as its principal editor, and Drs. Flemming and Roller, the latter of Illenau Asylum, associates. Although printed at Halle, as a matter of convenience to Dr. Damerow, it is published at Berlin by the bookseller, Augustus Hirschwald. If an opinion may be formed from the vigor with which it has hitherto been conducted, as well as from its long list of collaborators,—men distinguished as physicians of the insane, or for their knowledge of psychical medicine and the jurisprudence of insanity, not in Germany alone, but in Denmark, Holland and Switzerland, it will not lack for material, and is established upon a permanent basis. Its editor in chief is one of the most prominent advocates of the doctrines of the Psycho-Somatic school, but both his associates are Somatics. Among its collaborators are found all the gradations of theory, from the somatic to the psychic.

Since the death of Heinroth, Dr. Ideler, of Berlin, is the acknowledged leader of the Psychic school. But, as time has progressed, the conflict of opinions has measurably subsided. The attention of physicians has been diverted from the comparatively barren field of hypothetical controversy, to the more useful domain of practical science, the improvement of hospitals and the treatment of their inmates.

\* *Allgemeine Zeitschrift für Psychiatrie und psychisch-gerichtliche Medicin*; herausgegeben von Deutschlands Irrenärzten, in Verbindung mit Gerichts-ärzten und Criminalisten, unter der Redaction von Damerow, Flemming und Roller. Berlin, Verlag von August Hirschwald.



From the foregoing historical sketch, chiefly of the literature of insanity, it may be justly inferred that little, if anything, was done during the last century for the improvement of the receptacles for the insane in Germany. The initiative, however, was taken, even in the few writings which were published; as these were the preliminary steps which led to more important practical action. The Asylum at Vienna, long, but of late years not very favorably known as the *Narrenthurm*, was completed and opened in 1784, and was probably at that period the best establishment of the kind, as it was the only one *exclusively* devoted to the insane, throughout the German nations. As the eighteenth century was departing, Heinroth, having finished his studies at Paris, carried the principles of his illustrious preceptor within the German borders, and thus added a new and important element to the cause of improvement. An idea of the condition of the German Asylums at the commencement of the present century, may be derived from the language of one of their native authors. Reil, in his "Rhapsodies upon the application of the Psychical Curative Treatment in Mental Disorders,"\* published in 1803, wrote as follows: "They are mad-houses, not merely by reason of their inmates, but more especially because they are the very opposite of what they were intended to be. They are neither curative institutions, nor such Asylums for the incurable as humanity can tolerate: they are, for the most part, veritable dens. Has man so little respect for the jewel which makes him man, or so little love for his neighbor who has lost that treasure, that he can not extend to him the hand of assistance and aid him in regaining it? Some of these

\* Rhapsodien ueber die Anwendung der psychischen Kurmethode auf Geisteszerruttungen, Halle, 1803.



receptacles are attached to hospitals, others to prisons and houses of correction ; but all are deficient in ventilation, in the facilities for exercise and recreation ; in short, they are wanting in all the physical and moral means necessary to the cure of their patients."

The Asylum at New Ruppín was opened in 1801. In 1805, the government of the Kingdom of Saxony took an important step in the march of improvement, by recognizing the principle that curative treatment should be the first and most important object of institutions for the insane. Acting consistently with this belief, it soon took measures for the foundation of the curative establishment of Sonnenstein. Heinroth and Pienitz, both pupils of Pinel, were Saxons, and how far the action of the government may have been influenced by them does not appear in any of my sources of information. It is, however, a coincidence worthy of remark, that the government under which they lived appears to have taken the lead of all the Germanic Sovereignities, in every important measure for the melioration of the condition of the insane, and the advancement of the knowledge of the proper method of the treatment of mental diseases.\* In 1810, the Abbey of Schenau, in Nassau, was prepared and opened for the reception of the insane. In other parts of Prussia and Germany, as an almost necessary result, not of the movements in Saxony alone, but also of the periodical and other publications upon the subject, a general interest began to be more actively awakened in regard to the public institutions.

As one evidence of this, Dr. Langermann, a prominent physician connected with the Asylum at Baireuth, was

\* Reil was also a Saxon ; for the territory now known as Prussian Saxony, belonged, until after the wars of Napoleon, to the kingdom of Saxony. It is probable that the writings of that author contributed much towards hastening the action of the government.

called to Berlin in 1810 for the purpose of organizing the institutions for the insane. In the early part of the second decennium of the current century, the hospital of Sonnenstein was opened. In 1812, the Asylum at Sorau commenced operations, and in the same year, the patients at Schenau were removed to Eberbach. In 1815, and the next succeeding years, the institution last mentioned was considerably improved, and in 1817, the Asylum for incurables at Ybbs, in Lower Austria, was opened, but only as an unorganized department of an almshouse. During the third decennium, the progress of improvement was more rapid than at any antecedent period. The institution at Prague was opened, at its present location, in 1822, and enlarged in 1827. The Asylum at Siegburg went into operation in 1825, that of Dusseldorf in 1826, that of Hildesheim in 1827, and Colditz in 1829. The patients of the old receptacle at Pforzheim, in Baden, were removed to the St. Michel-Kloster, at Heidelberg, in 1826, and before the termination of the decade, the preliminary measures were taken which eventually resulted in the erection of the excellent establishment of Illenau. The Sachsenberg Asylum was completed in 1829, and opened on the 1st of January, 1830. The Tyrolese institution, at Hall, and those at Brieg, Leubus and Plagwitz, in Silesia, also went into operation in 1830.

Three of the best institutions now in existence in Germany, were opened in the course of the fourth decennium, viz: Winnenthal, in Wurtemberg, in 1834, Marsberg, in Westphalia, in 1835, and Owinsk, in Posen, in 1838. The excellent establishment for incurables at Zwiefalten, in Wurtemberg, was organized about the year 1839.

In the fifth decennium, important additions to the number of new institutions, and enlargements of some



of those which previously existed, were made. The Asylum of Ruegenwald was opened in 1841, that of Ybbs was organized in 1842, those of Illenau and Stralsund, opened in 1842, and that of Halle in Prussian Saxony, in 1843. The Asylum at Prague was greatly enlarged, and that at Erlangen opened in 1846, that at Paterswald commenced in 1848, and in the summer of 1849 the new buildings at Eichberg, a substitute for Eberbach, as well as those at Vienna, were nearly completed. At Hildesheim, in 1849, the incurable women were transferred to a new and distinct edifice.

The foregoing sketch of the progress of the German institutions is necessarily imperfect. Many of them are not mentioned as I have no information in regard to their origin and developement.

The question of the comparative advantages and disadvantages of large and small establishments, for the curative or the custodial treatment of the insane, has apparently been but little discussed by the Germans. Dr. Julius, of Berlin, whose authority is perhaps second to that of none of his countrymen, in a letter to a friend in England, in the year 1845, discourses upon the subject in the following manner :

“ It is an unquestionable principle, and has become, by long experience, nearly a truism, that every public or private institution, whether an asylum, a hospital, a prison, a school, a factory, or a commercial undertaking, for being a good and effective one, and for its profitable success, has certain limits within which it must be restricted. It would not fulfil its purpose, were it too small for bringing into play all the means necessary for its full and useful developement. But, in case of the success of such an instituton a far greater danger is lying in the natural temptation to increase and enlarge it



to such a size as will not allow *one master mind* to direct its course and administration. The institution, though perhaps less expensive in a financial view, and keeping the same thriving, outward appearance, will become, by and by, unmanageable, unwieldy, and gradually flag and deteriorate in its interior working and usefulness. Such an unpropitious event will take place more frequently and rapidly in an institution whose moral powers have to contribute in a large, probably the largest way, to its management. Schools, hospitals, and more than all, penitentiaries, and lunatic asylums, where the individualizing treatment of every case will contribute most, and more than any thing (else) to its success, are subject to the mentioned general principle, which ought never to be left out of view for its real and essential well-being.

“After looking, conjointly with Dr. Damerow, through a list of the thirteen best and largest German Asylums—at Siegburg, Marsberg, Hildesheim, Sachsenberg, Halle, Leubus, Owinsk, Sonnenstein, Prague, Vienna, Winnenthal, Illenau and Eberbach\*,—we have found that not a single one among them has more than four hundred patients, and a great part, less than three hundred.† But,

\* In the English translation of the letter of Dr. Julius, from which the quotation is made, these names are: “Siegburg, Marsburg, Hildesheim, Carzensburg, Halle, Leubus, Owinsk, Sorrenstein, Prague, Vienna, Winnenthal, Illerow and Eberboeb.” I have taken the liberty to make the alterations necessary to accuracy.

† A stranger to the subject would probably infer from this sentence, that the Institutions mentioned were larger than they actually are. Those of Halle and Illenau are the only ones intended for as many as four hundred patients. The latest data in my possession in regard to the numbers at the several Asylums, are as follows: Illenau, August, 1849, 430; Halle, July, 1849, 262; Vienna, August, 1849, 360; Marsberg, January 1st, 1848, 319; Sachsenberg, January 1st, 1849, 257; Siegburg, September 30th, 1846, 194; Sonnenstein, December 31st, 1845, 237; Eberbach, July, 1849, 151; Hildesheim, July, 1849, Asylum for curables intended for 200—nearly full; for incurable men, 183, for incurable women, 160, intended for 180. Leubus, August, 1849, 150; Winnenthal, February 28th 1846, 103.

my dear sir, this is not all : in the larger asylums, of between two and four hundred patients, the smaller half is composed of *curable*, the larger one of *incurable* patients. This important distinction at present forms the basis of all German Asylums."

Dr. Jacobi, in his work on the Construction and Management of Hospitals, says : " Many writers have believed that four or six hundred patients, or even a greater number, are not too many to be received in the same establishment. For my part I entirely dissent from this opinion, since my own experience convinces me that the maximum number of patients to be admitted into one and the same establishment, ought never to exceed two hundred."

The propriety of placing the incurable insane in asylums specially designed for them, has already been somewhat discussed in the United States. As our country advances in age and in population, as the number of the insane increases and the necessity of supplying special establishments for a greater proportionate number of them is more generally acknowledged, the question will undoubtedly demand further attention, and be so urgently pressed as to require the active exertions, as well as the combined vigilance and wisdom of those who are most familiar with the subject, to settle it according to the dictates of true humanity. In Germany, it appears to be generally conceded that, where the numbers of the insane are sufficiently large, the curables and the incurables should be separated. This, at least, as will be perceived in the following descriptions of asylums, is the prevalent practice. The two classes are distinct, and, in several instances, many miles asunder. But the important proposition has arisen, whether the institutions for the two



classes ought to be entirely disjoined, and independent each of the other, or, on the contrary, in "relative union" each with the other, in the same vicinage and under one and the same executive control. This subject has been discussed by various authors, perhaps by no one at greater length, or with more ability than Dr. Damerow.\* He advocates the cause of their "relative union." Dr. Viszànik espouses the same side of the question and argues with no little warmth. Both he and other writers attach great importance to the injurious influence which they believe that the idea of entering an asylum for incurables would exert upon the patients. "Among the evils," says he, "under which an institution for incurable insane, how well soever organized, must suffer, if it be not in relative connection with a curative hospital, it must have numerous other defects so soon as it receives the name 'Asylum for Incurables' like a damning sentence impressed upon the forehead."†

The difficulty of deciding in regard to the curability of patients is another prominent argument. "When, and how often," asks the author just quoted, "can a physician venture, with a quiet conscience, to express an opinion of incurability, like a sentence of condemnation?" "God only knows," said Langermann, the Prussian State's Counsellor, "whether an insane person can be cured or not."

In the ardency of zeal with which he prosecutes his special pleading, Dr. Viszànik ventures the assertion that

\* Ueber die relative Verbindung der Irrenheil- und Pflege-anstalten in historisch-kritischer, so wie in moralischer, wissenschaftlicher und administrativer Beziehung. Eine staats-arznei-wissenschaftliche Abhandlung, von Heinrich Damerow, Doctor und Professor der Medicin. Leipzig: 1840.

† Die Irrenheil- und Pflegeanstalten Deutschlands, Frankreichs; sammt der Cretinen-Anstalt auf dem Abendberge in der Schweiz, mit eigenen Bemerkungen, herausgegeben von Michel Viszanik, Doctor der Medicin. Wien: 1845.



“cures, in absolutely disconnected, incurable asylums, are to be reckoned among miracles.” We have generally been taught, in modern times, upon this side of the Atlantic, that the days of miracles have passed. But Dr. Viszánik, in another work\* published in the same year with that in which the above assertion occurs, informs us that, at the Asylum for incurables, at Ybbs, which receives nearly all its patients from the curative institution of which he is, himself, the superintending Physician, no less than *five per cent* are cured !

Dr. Zeller takes the opposite side of the question, and gives his reasons therefor, calmly and dispassionately. By following him, in the subjoined analysis of his argument, not only his views of the subject, but also, impliedly, the principal positions of his opponents will be understood.

It is acknowledged that two separate establishments are more expensive than one sufficiently large to accommodate the same number of patients ; but the pecuniary cost, being subordinate to the welfare of the persons for whom the institutions are intended, should be overlooked. Even if it be taken into consideration, the advantages of establishments independent of, and isolated from each other, are more than sufficient to counterbalance the extra expense. All the arguments of any weight in favor of relatively connected asylums, spring from the premises that the incurable institution cannot enjoy the same advantages, and be pervaded by the same philosophical and humane spirit as that for curables. This has been proved untrue by the admirable management of the Asylum for incurables at Colditz, by Dr. Hayner. The spheres of

\* Leistungen und Statistik der kaiserlichen koeniglichen Irrenheilanstalt zu Wien, seit ihrer Gruendung, im Jahre 1784, bis zum Jahre 1844. Herausgegeben von Michel Viszanik, Dr. der Medicin, &c. Wien, 1845.

the two institutions are very different. They are specialities, and consequently can be better conducted by two persons than by one. The accumulation of a large number of the insane in one establishment, or in the same vicinity, has an unfavorable influence. The constant changes of patients, in curative hospitals, requires different house-regulations, and a different relation with the outer world from those which are adapted to an asylum which becomes the permanent residence of its inmates. In asylums for the incurable, various handicrafts may be regularly and systematically pursued, which cannot be prosecuted in those for curables because, almost as soon as the patients begin to work, they are discharged. As the two institutions must be managed upon different principles, they will mutually interfere, each becoming a source of trouble and annoyance to the other. The interests of the incurables will then be sacrificed to that of the curables, and the asylum for the former will sink into a mere house of detention. The sight of so many wretched beings would act unfavorably upon the curable patients. It is painful even to physicians, and Dr. Zeller has known it to be so to patients who have complained of it, after they have recovered. If it be impossible positively to decide whether a person be curable or incurable, it, nevertheless, can generally be done with great certainty. If it be possible to cure a patient who, after long residence in a certain establishment, has been pronounced incurable, the change of scenery, in his removal to the distant asylum, the placing of him under the care of another physician, and all the new relations into which he is brought will be the most likely, of all means which could be adopted, to effect that cure. If the institution for incurables be remote from that for curables, the patient will be detained longer in the latter than he



would be if they were immediately connected. If the incurable asylum be at a distance, the idea of removal to it, such removal being considered a more important measure than it would be if that asylum were near, would call forth all the energies of the patient; provided that any yet remain to him. If the two institutions be separate, many patients will be taken from their homes to the curative hospital, who, if they were connected, would be immediately placed in the asylum for incurables.

Such is the substance of Dr. Zeller's exposition. It is proper to remark that, judging from my knowledge of the subject, the balance of opinion among the German physicians is against him, and in favor of relatively connected institutions. All the new establishments, as, for example, those of Halle, Eichberg, Illenau and Vienna, are calculated for both curables and incurables; the two classes being placed in separate departments.

I conceive that the greatest objection to all and any asylums for incurables, is their liability to neglect and abuse. They must be directed by an executive officer of ability, energy and constant watchfulness, or their natural tendency to degeneracy will not be counteracted. If such institutions must exist, let them be organized as if they were for curables, with a physician of unquestionable capacity for his place, as superintendent. If they can be so organized, and, further, if they can be furnished with all necessary means of moral treatment, it appears to me that two separate establishments for two hundred patients each, one for curables and the other for incurables, would be conducted with more favorable results than if the two were united under one roof and subject to the direction of but one controlling executive officer. It is impossible for the "individualizing treatment,"



upon which Dr. Julius very properly places great importance, to be administered with all the effect of which it is capable, in an establishment where, as at Illenau, upwards of four hundred patients are congregated under the care of one directing head.

But, after all that has been said and written, and all which I can imagine it possible to be said or written upon the subject, it appears to me that the true method to be pursued, in regard to lunatic asylums, is this: let no institution have more than two hundred patients, and let all receive both curables and incurables, in the natural proportion in which applications are made for the admission of the two classes, from the respective districts in which these institutions are located.

Perhaps there will be no more appropriate place than the present to introduce a subject which, although not so immediately relative to asylums as some others, is fraught with vital importance in respect to the welfare of the insane. I allude to the instruction of medical students in mental disorders. This is a grave question, and, if the good of the people be consulted, must, in future, demand more attention in the United States than it has hitherto received. What course of lectures on surgery in our colleges would be considered perfect, if cancer, lupus, fungus hæmatodes, concussion of the brain or of the spinal cord, aneurism of the aorta or of the smaller arteries, elephantiasis, strangulated hernia, fracture of the olecranon, the upward and outward and the upward and inward dislocation of the femur, should be allowed to pass unmentioned by the professor? What student would be honored with a diploma if he had never read a word in regard to either of them? The number of cases of mental maladies in the United States probably exceeds that of all the foregoing dis-

eases and injuries combined ; and yet the subject of insanity does not enter into the programme of lectures in any of our leading medical schools. It is safe, perhaps, to assert that not one in ten of the graduates of those schools has ever read a treatise upon mental disorders. They issue from them with a *carte blanche*, authorizing them to treat all diseases with which the human race is afflicted. They are called to a case of mania, and, with their general ideas of inflammation and excitement, however indistinct or undirected by sound judgment these may be, plunge the lancet into a vein and rest satisfied with the idea that they have practised *secundum artem*, and consequently done precisely the thing which was necessary. Now, verily, "these things ought not so to be." The interests involved are too extensive and too sacred to be dealt with in this unenlightened manner. They are too important to be thus lightly made the playthings, and, but too often, the sacrifice of ignorance.

The Germans, although they have not yet arrived at perfection in regard to this subject, are nevertheless far in advance of the Americans. Physicians who have written upon it, while they are unanimous, so far as I am aware, in the opinion of the necessity of giving instruction in mental disorders, and that the theory should be taught from the chairs of the medical colleges, differ in respect to the method by which the practice should be inculcated. Some advocate the establishment of clinics in the asylums ; others call for such clinics in the universities ; and a third class demand that physicians, immediately or soon after they have graduated, shall be temporarily admitted into the asylums, there to study the disease. Reil, so long ago as the year 1803, advised that a number of suitable persons should be selected from among the medical students and placed in



the asylums, where, while learning the peculiar art, they might render assistance in the treatment of the patients. Dr. Roller also disapproves of clinics in the asylums. He would have a professorship of mental diseases (*psychiatrie*) as well as clinical instruction, in each university. The patients for the clinics should be brought from their homes, in the district surrounding the university, and, after examination, returned or conveyed to an institution for the insane. He also proposes to take six physicians, immediately after they have completed their other medical studies, as *internes* into the Illenau Asylum; and after they have remained a certain time, exchange them for six more, continuing the process until all the medical graduates in the Grand Duchy of Baden shall have had an opportunity of taking advantage of this means of instruction. A practice similar to this is pursued at the Charity Hospital, in Berlin. Only a small proportion of the young physicians, however, can be benefited by it, as those of each group remain several months in the hospital. Heinroth advocated this method, declaring that "a physician only half understands his art if he has not a knowledge of mental diseases."

Dr. Zeller, regarding the subject from that lofty height which he assumes as the point from which to observe insanity, in all its relationships, expresses his views in the subjoined extract.

"In spite of the advocacy of so many great and learned men, a particular clinical instruction in an institution for the insane is a non-entity. Insanity can be no object of study, in the common sense of the word. That which runs against the healing aim cannot be suffered; and whoever would penetrate these places, so full of deep problems and sufferings, needs more than to belong to a mere college; he requires the most humane education, and a scientific and moral ripeness and solidity. Whoever comes into an institution unprepared, is a burden and corrup-



tion to the patients, and the advantage which the observance of the insane secures to him, is trifling and vain."\*

It is to be feared that, for once, this eminent and excellent man has fallen into the error of the affectionate mother who commanded her son never to go near the water until he had learned to swim.

The first professorship of psychiatrie, in Germany, was at the University of Leipsic. It was established in 1811, and filled, for many years, by Heinroth. Others have since been founded, but I am not informed of the present number.

In 1812, the Commissioners in Lunacy for the kingdom of Saxony asked the opinion of Dr. Pienitz, of Sonnenstein, and Dr. Hayner, then of the Asylum at Waldheim which was subsequently removed to Colditz, in regard to the propriety of establishing clinics in the asylums.—They both approved of the enterprise and offered all the assistance, necessary from them, for its accomplishment. They drew up a plan of operations which was presented to Dr. Kreisig, the Aulic Counsellor and Body Physician to the King. He not only approved of it, but made additional propositions. It was then submitted to the Commissioners of Education for the kingdom, and met their approbation. Finally, it was laid before the Medical Faculties at Leipsic and Wittenberg, who recommended the undertaking as one which must be eminently useful. The Faculty at Leipsic even proposed that instruction at these clinics should be one of the requisitions, indispensable to the acquisition of a diploma. The Royal Ecclesiastical Counsellor gave his opinion that the plan was one of the most important which could be devised for the general good of the people. The enterprise was thus

\* Houses and Institutions for the Insane. Translated from the German of Zeller, by A. O. Kellogg, M. D.

matured and ready to be put in operation—but at an unpropitious moment. The congress of Vienna was held, and, by the treaties there concluded, a large part of the territory of Saxony was ceded to another government. The royal revenues were consequently so materially diminished that the undertaking was abandoned.

The Chevalier G. A. C. Nostitz, Royal Conference Minister and Privy Counsellor to the King of Saxony, appears to have done much towards the promotion of their welfare. He wrote a description of Sonnenstein, with remarks upon Asylums in general.\* When Director of the Commission in Lunacy, he represented to the government the evils arising from the system pursued at Waldheim, where the insane were kept in a department of the prison, and the convicts were their attendants, and thus procured the transfer of them to Colditz. This benefactor of his race contended that, inasmuch as all the Saxon physicians were empowered by their diploma to treat mental diseases, they should be required to study them; and that the necessary facilities therefor should be furnished by the royal government. He advocated the plan of a special professorship of psychical therapeutics in each university; and clinics in the asylums, to be attended by physicians immediately after the completion of their other studies.

Although the plan of instruction proposed by the Saxon commissioners was, by an unforeseen and untoward event, doomed to failure, it has been partially substituted by Dr. Pienitz, who has had a number of young physicians under his tuition at Pirna. Among those who were here instructed in the treatment of mental diseases, are

\* Beschreibung der koeniglichen sachsichen Heil-und Verpflegungsanstalt Sonnenstein. Mit Bemerkungen ueber Anstalten fur Herstellung oder Verwahrung der Geisteskranken, von G. A. C. Nostitz und Jaenkendorf, auf Oppach, &c., &c. Dresden, 1829.



Dr. Moritz Martini, now Superintendent of the Asylum at Leubus; Dr. P. W. Jessen, formerly of the Royal Institution of Schleswig; Dr. C. Flemming, of the Institution for Mecklenberg-Schwerin; Dr. C. F. W. Roller, of Illenau, and Dr. R. Marcher, of the Royal Danish Institution, at Copenhagen.

Clinical instruction has been given, for many years, at the Charity Hospital, in Berlin. In a work\* published in 1835, Dr. Ideler maintains that, if the teacher selects the patients skilfully, proceeds with the necessary prudence, and confines himself strictly within the bounds of propriety, he may question them, even in the presence of strangers, upon all the secrets of their hearts, and elicit such answers and remarks as shall impart a full knowledge of their cases; Dr. Riedel, of the Bohemian Asylum, at Prague, has given instruction in mental diseases, ever since the year 1841; Dr. Damerow, of Halle, has held clinics in the Institution of which he is Superintendent, several years. Students in the last year of their studies are alone permitted to attend them, and they are not allowed to enter the departments of the patients, unless by special permission. Instruction is imparted by lectures, the exhibition of the results of autopsical researches, and the examination of patients. No insane person, however, is brought before the audience, if there are family or other important objections to such a proceeding.

Another means of improvement in the knowledge of mental diseases has been adopted. At the meeting of the Association of German Naturalists and Physicians, at Kiel, in September, 1846, upon the proposition of Dr. Mansfield, of Brunswick, a section for Anthropology and Psychiatrie was formed, of which Dr. Jessen was elected

\* *Grundrisse der Seelenheilkunde*, 2 vols., Berlin, 1835.



President. No previous preparation having been made for an exigency of the kind, the proceedings were confined to the discussion of a few subjects in regard to the treatment of the insane. In September, 1847, the Association assembled at Aix-La-Chapelle, and thirteen Physicians connected with institutions for the insane were present, in the section mentioned. Many of the other members of the association attended their sittings. The opening address was delivered by Dr. Hahn: Among the essays read in the course of the meeting, were the following: On the principal Forms of Chronic Insanity, by Dr. Richarz; The differential Diagnosis of latent Pulmonary Diseases of the Insane, by Dr. Heinrich; On Præcordial Pain, by Dr. Flemming; The Action of Antimony, in its Application in Mental Diseases, by Dr. Flemming; The Use of Opium (in Insanity) by Dr. Frederick Engelken; Typical Insanity, (*Psychosis typica*), by Dr. Focke; The Advantages of several small public Asylums for the Insane, in different sections of a Country, over one large, central Institution, by Dr. Richarz.

It was resolved that several physicians should unite in testing, by their personal observation and by the collected experience of others, the effects of particular medical agents in mental diseases, and that their reports thereupon should be published in the *Journal für Psychiatrie*. The following subjects were proposed, and a committee of three appointed for each. 1st. Tartarised Antimony and Sulphate of Copper, as compared with each other. 2d. The comparative value of *Digitalis* and *Digitalin*; 3d. Opium and its preparations; 4th. Camphor.

It is universally admitted, in Germany, that, in the organization of curative hospitals for the insane, the Superintendent, or as he is there called, the "Director" should be a physician; that he should be, not only *nominally* but

*virtually*, the presiding officer, to whom all others are subordinate; that he should be the Director, not merely of a part, but of the whole of the establishment, in all its departments. They believe that an institution is best managed where the executive power is a unit. They have no faith in the attempt to couple together independent officers, after the manner of the Siamese twins, lest they might not, like Eng and Chang, always think and act alike. Much less do they advocate the doctrine of the necessity of making a lunatic asylum a three-headed Cerberus.

“An institution for the insane,” says Dr. Zeller, in the work already quoted, “must, in all essential respects, bear a healing character, and its direction should only be a medical one, and the domestic arrangements, if the whole idea of the institution would not be endangered and destroyed, must be entirely subordinate to this. Thus the whole organization becomes effectual;—otherwise, it is a mere abortion. Indeed, it is an absolute condition of the success and efficiency of an institution for the insane, that the physician not only have the preference, but that he be endowed with supreme and complete authority, by which alone the internal affairs of the institution can be governed, and unity and firmness be secured. All must be placed in the hands of one, and although the chief physician can and must strengthen his own powers by medical and other aid, yet to him, in the nature of the calling, belongs the limitation of the power of every other person in the institution.”

“As spirit and body in man, by the soul, so spirit and organization, in an institution for the insane, are by the physician bound together in a living unity,” So writes Professor Damerow: and again, in another place, “Langermann, in the Asylum at Baireuth, illustrated the



idea of the perfect physician to the insane, and the proposition that 'the First and Last, the One and All, in an institution for the insane' is, and continues to be, the Physician."

"The proper soul of an institution for the insane," said Heinroth, "is the Physician." The Germans have acted consistently with this assertion. The Director of each asylum has an unconditional voice in its management. As has been said of Sonnenstein, "All changes, all improvements emanate from him; not even a door can be altered without his approbation." What is the result? "The improved condition of this Institution," says Dr. Roller, of Illenau, "as well as of others of the kind, was coincident with the time at which they were placed under the direction of physicians."

The medical men engaged in this speciality are among the most eminent of the land; and most of them have received the highest honorary distinctions from their respective sovereigns. Dr. Pienitz has been knighted, and appointed Aulic Counsellor; Drs. Martini and Jacobi have been made Private Counsellors of Health; Drs. Jacobi and Flemming, Chief Medical Counsellors; Drs. Roller and Amelung, Medical Counsellors; and Drs. Zeller, Heinroth, Bergmann and Schæffer, Aulic Counsellors. In the kingdom of Saxony, the superintendents of the asylums are not merely experts, but judge and jury, at least so far as the question of insanity is concerned. Their opinion given to the supreme courts is decisive, independent of all superior arbitration.

Most of the public institutions for the insane in Germany are founded either by the royal or the provincial government. The superintendent of each is appointed by the ministers or immediate counsellors of the Sovereign, who ratifies that appointment. His office is per-



manent. As a general rule, he makes periodical reports to the government, but these, so far as my knowledge extends, are never printed.\* The institution over which he presides is rarely, in some instances only at intervals of several years, subjected to the inspection of any authority superior to himself. There may be different opinions in regard to the propriety of this custom. In the management of a public institution of this kind, there may be, as in other things, extremes—errors of the right hand as well as of the left; and, as a general rule, it would be difficult to decide as to which institution is in the most unfortunate and unfavorable condition, that which is deleteriously neglected by superior authorities, or that which, to use an old but very expressive phrase, is “managed too much.” Certainly, the man who occupies the place of superintendent of an asylum for the insane, a post than which few, if its duties be faithfully performed, are more onerous, must feel greatly encouraged and strengthened by occasional visits, the counsel and the suggestions of enlightened, judicious and sympathising men. The good farmer may be thankful for assistance in cultivating his field, although, if his office be to hold the plough, he may not be content with no other occupation than that of turning, with his hands, the furrow. If an institution be intended for public benefit, justice to the people requires that suitable provision should be made to insure its proper management. I know not that the German asylums would be better managed than they are if they were more frequently visited by a government commission. I certainly believe that they are, in their present condition, quite as

\* The Reports by Dr. Zeller, from which extracts are hereinafter made, were not official. They were made at intervals of three years and published in a medical journal, the “*Medicinisches Correspondenz—Blatt des Wurtembergischen Artzlichen Vereins*,” at Stuttgart.

well conducted as some which are subjected to frequent inspection. One of the German superintendents remarked to me that he thought the royal government left the control and direction of the institution with which he is connected, too exclusively to himself.

Had it been my object in writing the following descriptions, to record those things alone which, in the present condition of American asylums, might be practically valuable to persons engaged in the management of the insane, or in designing buildings for their accommodation and custody, I must necessarily have confined myself to a few brief pages. I had another purpose—that of endeavoring to convey an accurate idea of the institutions, not only collectively but individually, of the German countries. It appeared to me that this object could best be attained by a simple narrative of what I saw, and of such information as was obtained, either verbally from the officers of the asylums, or from other authentic and public sources. Comparisons have almost invariably been avoided, and comments generally, and with but few exceptions, abstained from. In this place, however, as generals may be indulged in, I can perceive no impropriety, no breach of etiquette, in giving a brief exposition of my opinion of the German institutions, as measured by the standard of those in the United States.

A large proportion of the buildings occupied as hospitals or asylums for the insane in Germany, were formerly monastic establishments. Their architectural arrangements are not only of a former age, but were adapted to a different purpose, and hence are less convenient than those of most of our institutions. Still, their conversion into asylums for the insane has already been productive of at least one advantage. It has ac-



customed the officers of those institutions to large rooms, so that, in the construction of new buildings, the principle of providing accommodations for the greatest number of patients in the least possible space does not enter into consideration. It is really a delightful treat to see the large, well-lighted and airy corridors of Eichberg and the Asylum at Halle. The number of cubic feet of enclosed space in the principal German institutions is probably not less than twice as great, in proportion to the number of patients, as in those of the United States. Such asylums as have been recently erected, and specially designed for the purpose, as, for example, those of Halle, Illenau and Eichberg, are great improvements upon the others, and yet in point of convenience are unequal to some of ours. In their asylums generally, the apartments for patients have not that finished aspect of comfort which is found in many of the American institutions. This is particularly owing to the universal absence of carpets. Yet, relatively to the prevailing customs of the people, they are probably as well furnished as ours. In the conveniences of the kitchen, the laundry, and the means of distributing food throughout the house, they are inferior. Cooking is rarely done by steam. I saw no wringing-press and no dumb-waiter. Mechanical appliances for the purpose of bodily restraint are probably somewhat more extensively used than upon this side of the Atlantic. In the special descriptions of the hospitals, I have forborne from mentioning the extent to which I saw them actually in use. Statements of that kind might have led to very erroneous conclusions. My visit at one institution may have been at a moment of the greatest excitement among the patients, that at another, at a period of the most general tranquility. Again, at some places, I was conducted



throughout the establishment; at others, only through a part. Generally, I saw the department for the violent, but not invariably. The remark may here be permitted that when, during the time in which I was connected with an institution for the insane, I was favored with a visit from a professional brother who was engaged in the same speciality, and a principal object of whose visit was to see the establishment, I made it a point not only to conduct him through every ward, but that every door should be opened. The credit was given him of coming to learn the advantages of the institution, not of seeking for demerits nor of matter for cavil.

In most of the particulars of moral treatment, the German asylums are fully equal to those of the United States. In the most important point of all—if reference be had to curative treatment, or the quietude, order and hygienic condition of the patients—that of manual employment for the inmates, they are superior. The radical source of this superiority lies, undoubtedly, not in the more ardent wishes or the greater efforts of their superintendents for the welfare of their patients—for, in these respects, none can excel the officers of the American asylums,—but in the education of the people, and the nature of the political governments under which they live. Obedience to authority becomes, by education, more a matter of principle or of habit. Furthermore, the asylums are more independent than ours, and the retention and management of patients more optional with the officers.

Before leaving the sphere of comparison it may not be amiss to introduce the following, by a German physician, although the American “psychiater” is not made to figure in it. “The English physician to the insane (*psychiater*) believes that the attainment of the greatest

possible degree of comfort, the French, that the ennobling of the intellect, the Belgian—and the foremost among these is Guislain—that the removal of all care and trouble from the mind, and, finally, the German—who supposes both body and soul diseased in insanity—that the freeing of both body and soul from all burdens and shackles—the riddance from the immediate and the remote cause of the mental disturbance—is the highest mission of his treatment of the insane.”\* If Dr. Mahir be desirous of knowing how matters stand in this respect in the western hemisphere, he may be assured that his American colleague harbors a portion of the faith of the Englishman, the Frenchman, the Belgian and the German. If it be necessary still more accurately to define his position, then must he inevitably fall into the category of the resident of his fatherland, the “comfortable” old Anglo-Saxon.

The Germans were not tardy in adopting the more enlightened treatment of modern days. Even as early as 1805 the following remarkable language was held by Dr. Langermann, in reference to the Asylum at Baireuth :

“Two years ago I was commissioned to examine into the condition of this establishment and to propose a plan for remedying its present defects. . . . . For patients of a higher class, who are accustomed to more comfortable accommodations and better surroundings, the Princess-house, adjoining the Asylum, will be prepared. The special edifice of the curative institution will be made one third larger, by the construction of a room for a douche and a large plunge-bath, a hall for instruction,

\* Ueber Irren-Heilanstalten, Pflege und Behandlung der Geisteskranken, nach den Principien der bewachrtesten Irrenärzte Belgiens, Englands, Frankreichs und Deutschlands. Von Oscar Mahir, Med. Chirurg. und Philos. Doctor, etc., etc. Stuttgart und Tübingen, 1846.



the necessary workshops and apartments for the convalescent. In the two spacious, adjacent gardens, arrangements will be made for work, exercise and games in the open air. The employees of the Asylum will be increased by new attendants, and a special instructor of either sex. Besides the surgeon, who resides in the house, the physician will be supplied with an assistant. For the guidance and care of the institution, a special direction, consisting of myself and the War-and-Domain Counsellor, Fischer, has been appointed. I am, at the same time, the Physician of the Asylum, and hope to see the improvements soon completed and myself in a condition to exhibit the first psychical curative institution in Germany, with its certain benevolent results."

This project of Dr. Langermann was matured in 1804. It will be perceived that it embraces nearly the whole scheme of the moral treatment of the insane at the present day. To what extent, however, it was prosecuted, we are not informed; but Dr. Damerow refers to Langermann's career at Baireuth as one of great ability. He was called from it in 1810, to the performance of more comprehensive duties, in more immediate connection with the royal government, as "Chief Minister of Spiritual Instruction and Medical Affairs."

The Sonnenstein Asylum attained a high celebrity for skillful and successful management, upon the modern principles, several years prior to the establishment of any American institution exclusively devoted to the insane, with the exception, perhaps, of the Eastern Asylum of Virginia.

In 1830, a period at which there were but five institutions for the insane in the United States, when comparatively little had here been written upon the subject, Dr. Riedel published a description of the Asylum at Prague,



in which, so far as regards the moral treatment, he took a position nearly, if not quite, as advanced as that of any author of later days. Dr. Julius, who visited the institutions of Great Britain a few years since, and presented a report thereupon to the Prussian government, expresses his opinion, in the letter already quoted, that, in Germany, "the moral treatment of the insane is more generally understood than anywhere else."

In regard to the use of restraining apparatus, the opinions and the consequent practice of the several superintendents, are somewhat at variance; yet all, so far as I am acquainted, concur in the belief that those means of restraint should not be wholly abandoned. Drs. Jacobi and Damerow oppose the doctrine of non-restraint promulgated by some of the English physicians; and, upon the same subject, Dr. Roller writes as follows. "The physicians of Illenau are not unacquainted with that which has been done in England, but they consider the subject as not yet sufficiently investigated to authorize a judgment. They doubt that the many reasons for diminishing the means of restraint, demand, also, their entire banishment; and that this, if it be practicable, is advisable."\*

The subjoined extract is from the work of Dr. Riedel, published, as already mentioned, in 1830. "As restraint is the magician's wand by means of which the psychical physician brings back the mind that has wandered from its limits, into the bright realm of unclouded reason, it consequently follows that the means of restraint are a necessity. Yet, of these there is generally a false and exaggerated impression. It appears as if people cannot think of an institution for the insane without a richly-furnished armory of the most exquisite implements of tor-

\* Illenau, die Grossherzoglich Badische Heil-und Pflegeanstalt. Rastadt, 1847.

ture,—without chains and scourges and bands of iron. Thanks be to the truly humane spirit which, in the last decennium, has forced its way like an affectionate genius, into the cells of our brethren who had sunk to a condition below that of the brutes, and banished from most of the institutions for the insane that which an iron age had made a necessity. The brilliant progress of later years, which has forced the healing art into elevating the condition of the insane, is especially to be placed to the credit of humanity—that humanity which does not permit us to forget that the mind bound in the chains of delusion still retains its sensibility, and is susceptible to the proofs of sympathy and love. Agreeably to this view, the means of restraint are used (at the Prague Asylum) only in the most urgent cases, where the safety of the patient or of those by whom he is surrounded is endangered.”\*

Dr. Zeller wrote as follows, in 1838. “We endeavor to avoid every thing which might cause pain or fear, even in those who are the most excited. Hence, all those implements with which these unfortunate beings were formerly tortured have been banished. The jacket answers in most cases, or the camisole and the stuffed leather spring-straps.† We are rarely obliged to use the coercion-chair or the restraining girdle.‡ The last is necessary with those patients alone who, adroit and supple, will extricate themselves, with the skilfulness of a juggler, from the most carefully prepared implements, and that, too, without loosening a strap or a knot.”§

\* Prag's Irrenanstalt und ihre Leistungen in den Jahren 1827, 1828 und 1829. Von Jos. G. Riedel, Dr. der Medizin.

† Straps used as fetters for the legs.

‡ The belt and wrist-straps.

§ Bericht ueber die Wirksamkeit der Heilanstalt Winnenthal. Von Hofrath Dr. Zeller, Direktor der Heilanstalt.



It is probable that the experience of the long intervals since the foregoing extracts were written, has enabled the authors of both of them still further to dispense with restraining apparatus. I did not visit the Asylum at Prague, and consequently cannot speak of the present practice of Dr. Riedel; but it is due to Dr. Zeller that it be mentioned here, as it is stated in another place, that at Winnenthal, where I went through every department except that for violent women, I saw no patient under bodily restraint.

The subjoined remarks of Dr. Zeller were written since the promulgation of the non-restraint system of the English.

“The turning-wheel, turning-bed and turning-chair have become obsolete. Their operation is often dangerous, seldom healthy, ever unsafe. In modern times, particularly in England, where earlier, as well as now, these means of restraint were cultivated to an incredible extent, men have gone as far to the contrary, and would banish and forbid, under menace of punishment, all such remedies, but doubtless only to the greatest injury of the patients themselves; for judicious, dexterously applied mechanical restraint, is often of such benefit that the insane will sometimes request it, if they feel the paroxysm approaching. Solitude is so urgent and wholesome a necessity for many raving insane that without it they can get no rest. In the presence of men most beloved by them they often rave the most fearfully; and though they are not put out of a situation for following their diseased impulses, yet we cannot leave them alone in their senseless fury. The solitude and predominance of the institution, which does not subject them to the tearing, restraining and binding of men, but opposes to them a simple, painless and mechanical restraint,



brings them the soonest to recollection; and, likewise, the soft pressure exercised, by the bindings, upon individual nerves, is often, as in other spasmodic and neuralgic affections, of decided advantage.

“ Besides, in many cases, the presence of a mass of attendants is not sufficient to restrain a determined, dexterous, powerfully muscular and cunning patient in his frantic designs; and without the help of mechanical means, the limits of self-defence against his assaults are by no means so accurately drawn, as not to permit of much more active violence, on the part of the attendants, than where a strong restraint is laid upon the necessities of the case, and only resting upon the medical regulations and the careful use of the given coercive means.

“ But as to correctional means, in the strictest sense of the word, there are none in a good institution; and if strong measures are necessary, they must ever bear, at the same time, more or less of a medical or therapeutical character, and correspond precisely to the mental peculiarity of the patient, whereby their particular healing aim is not lost. The punishment must ever be a benefit and a remedy; Therefore we direct the most reasonable mode, not excepting the most extended douche, the deprivation of nourishment and the like, seeking out, for each individual case, the most suitable measure, which often requires the deepest meditation.”\*

The following remarks upon the subject were made by Dr. Jacobi, in 1846. “ At the time of the present writing, of one hundred and ninety-six patients in the institution, (at Siegburg) the free movement of but four, and those by the restraining jacket, is prevented. During the past eight days, and, at other times, for a longer period, no one has been placed in the restraining chair or otherwise

\* Houses and Institutions for the Insane. Translated by Dr. Kellogg.

shackled. But, nevertheless, we never hesitate to apply such means, though in the mildest form and with the shortest duration possible, so soon as all other treatment appears fruitless or less requisite, as, for instance, when a strong propensity to violence, a high degree of indecency, a wicked perversity, a decided attempt at suicide, or other injurious tendencies make these means of restraint to appear the most appropriate method of securing the personal safety of the patient and of those who surround him, as well as of preserving decency, cleanliness and order. The wholesomeness of this procedure is constantly confirmed by observation, and one may not unfrequently be convinced that the application of restraining apparatus, even for a short time, perhaps but half a day, most effectually prevents the return of the paroxysms which gave occasion for that application, and, in that way, materially contributes to the attainment of a rapid cure. So far as has come to my knowledge, the judgment of the German physicians to the insane is unanimous herein; and in one of our largest institutions, the attempt to carry out, to its fullest extent, at least for the female patients, the non-restraint system of the English, has, after being followed with great perseverance for a considerable time, at length been wholly abandoned.”\*

Dr. Tschallener, of the Tyrolese Asylum at Hall, after entering into a detail of his principles of moral treatment, finally includes them in the following summary. “No further addition is necessary to show that the guiding spirit of the treatment at this institution is that of goodness, of exhortation, of entreaty and of menace; and when all this is fruitless, but not till then, the spirit of restraint, of earnestness, of coercion, and even

\* Aertzlicher Bericht ueber die Wirksamkeit der Heilanstalt zu Siegburg. Erstattet im December, 1846.



of punishment, as in disobedient, self-willed, stiff-necked and spoiled children. The artist moulds the soft alabaster with one instrument, but the solid marble with another.\*” As evidence of the occasional utility of corporal restraint, he relates the case of one of his female attendants, who, upon becoming insane, laughed at all the efforts and ministrations of kindness. The application of the jacket first placed her upon the way of recovery. Another female patient told him, after her restoration to health, that if the jacket had been earlier applied in her case, she should sooner have recovered. Yet, he recommends the delay of restraint until it be absolutely necessary, that it be resorted to with judgement and not continued long. In the work already quoted, he gives a description, illustrated by engravings, of the restraining-chair used in the asylum under his care. It is made of thick plank, and, to give it additional strength, is bound with bands of iron. The sides project beyond the feet of the patient, when he is seated, to a height just above the knees. Above that point the projection is not so great, but is still a little in advance of the patient’s body. The sides and back rise above his head. The patient being placed in it, a strong board, running in grooves in the sides, is pushed down in front of his body until the lower extremity reaches the thighs, while the upper one is on a level with the back and sides of the chair. In this position it is fastened. Another board is placed, by a similar arrangement, in front of the legs, extending from the floor to the top of the knees. A third, suspended by hinges at the top of the back, is turned over, like a lid, and fastened down above his head. This

\* Beschreibung der kaiserlichen, koeniglichen Irrenanstalt zu Hall, in Tirol. Herausgegeben von Johann Tschallener, Direktor und Primar-  
artze dieser anstalt. Innsbruck: 1842.



is somewhat shorter than the width of the chair, so that spaces are left, at its ends, for ventilation. The inside of the chair, as well as of the board in front of the body, is padded in the region of the head. Finally, in the front board, directly before the face, there is a small wicket, or door, which may be opened and the patient fed through it, without disturbing his general arrangements; "and thus," to use the language of the description, "in the most beautiful manner, is the patient in every respect taken care of." We advance no pretensions to inventive genius, but, really, it appears as if there were one thing wanting to make this chair just what it ought to be; and that is—to heat it a few hours in the midst of a large and brisk fire. The best comment upon it is, that although laid before the world in engravings and in black letter, it has not been adopted, so far as I am acquainted, in any other institution. The one used at Giesing, and described in the succeeding account of that asylum, is similar to it.

In the section for Anthropology and Psychiatrie, of the Association of German Naturalists and Physicians, the subject of mechanical restraint was discussed, in 1846. The conclusions arrived at were that, during the last decennium, restraining apparatus had not been too extensively applied in but few of the German asylums; that the entire disuse of them, in some of the English and American institutions, had excited attention principally because, in those countries, such means had been previously abused; and, finally, that the total abolition of them is not admissible.

The terms "camisole," "jacket," and "strait-jacket," are used in the following pages, as they are in Germany, to designate the garment more frequently used than any other implement of restraint. This differs in form and

in strength at the different institutions, but is almost invariably stronger, more confining to the limbs, more restrictive of the muscular movements of the wearer than the simple camisole. In short, it should generally be called the "strait-jacket."

The superintendents of the German institutions, like those of the American, find cause of complaint in the oft-repeated practice of attempting to seduce patients to the asylum by stratagem or by falsehood. "In the greatest number of cases," writes Dr. Roller, "the patient should be informed of the object of his journey, and the place of his destination. People believe that the insane can be brought by stratagem alone, never thinking that more injury is done in this way than by the application of force. It is left to the physician of the institution to undeceive the patients, and thus, in losing his confidence the radical element of successful treatment is often, for a long time, also lost. Besides the relatives bring upon themselves the inextinguishable hatred of the patients, for these will forgive any thing else sooner than disappointment and deception." Dr. Zeller, treating upon the same subject, makes the following remarks. "We earnestly request of our fellow-physicians to do every thing towards abolishing the practice of bringing patients to the asylum by stratagem and falsehood. They generally have sufficient penetration to detect these schemes; and, besides, their confidence in the institution is so weakened that it is often next to impossible to restore it. Weeks and months frequently pass before we succeed in obliterating the unfavorable impression of this kind of introduction into the asylum, viewed, as it is, through the hatred which is thus generated towards those who have deceived them. Let the patient be told of what is proposed to be done, and rather bring him in the strait-jacket than endeavor to de-



ceive and to quiet him by making all manner of false representations in regard to the objects of the journey. You may be assured that the insane will reconcile themselves to the most stringent regulations rather than to any species of falsehood; for this appears to them the greatest of all injuries, and easily induces the conclusion that bringing them to the institution is no work of an upright love and care, but far more a piece of cunning and imbecile villany."

To these observations may be appended those of Dr. Tschallener. "I have known, and often known persons who, in order, as they say, to bring patients in 'a good way' to the asylum, unpardonably deceive them with all kinds of promises and hopes which cannot be fulfilled. How, then, is it possible that these patients should be otherwise than suspicious and distrustful? It is not strange that, for months, their confidence cannot be regained, and that they endeavor to obtain, by obstinacy, that which was promised them at home, but which cannot be granted here. There is hardly any thing which acts more injuriously upon an insane person than an excited hope which cannot be realized. How bitter soever may be the truth, let it be told him freely, but with sympathy. The insane person seeks no revenge for truth—although he may for falsehood—and, in this respect, puts to shame many a rational man."

A short time before my departure for Europe, I somewhere read the assertion that no blind person was ever known to become insane. Although then in possession of evidence disproving the statement, I nevertheless made it a special point of inquiry at most of the institutions which I visited, and have recorded the results in their proper places. The use of tobacco, among the patients, was another subject of special inquiry; but I found the



practice to be so general that the mention of it is frequently omitted. Smoking is invariably permitted, so far as my knowledge extends; snuff is very generally used, to some extent, but I neither saw nor heard of any patient who chewed tobacco.

It will be perceived that two of the recently erected asylums, herein described, are devoid of closets in their architectural construction. This forgetfulness of the architect is but little more excusable than that of the designers of the new Asylum at Eichberg, and of Hanwell, in England, in both of which, as I have been credibly informed, no provision was made for stairs. The result was that, in the latter, the stair-cases have been crowded in, where they must necessarily be made inconveniently narrow, and in the latter they are constructed without the side-protection of walls. A strong enclosure of iron bars, extending from the lower to the upper floor, forms an effective substitute. These facts would not be mentioned here, were it not for the possibility that they may serve to prevent the occurrence of so great a blunder in any institution which may be established in this country.—“What man has done man may do,” is no less true of omissions than of acts; and if European architects overlook the common conveniences and necessities of closets and stairs, it is possible that those of America may do the same.

Of the institutions herein described, I was at seventeen. The text will shew which they were; but they may here be mentioned for the purpose of showing the order in which they were visited. Siegburg, Andernach, Eberbach, Frankfort, (then, after returning down the Rhine,) Dusseldorf, Hildesheim, Halle, Berlin, Sonnenstein, Leubus, Brieg, Vienna, Hall, Giesing, Winnen-

thal, Illenau, and Stephansfeld. Nine of these are among the thirteen which Dr. Julius calls the best in Germany. Should any one pursue the same route, with the object of examining institutions for the insane, slight deviations would bring him to three others, two of which are included in the list of Dr. Julius, and the third is acknowledged to be the best asylum for incurables in Germany. Between Dusseldorf and Hanover he may visit Marsberg, between Brieg and Vienna he can go to Prague, by railroad, and between Winnenthal and Illenau he should see Zwiefalten.

As the descriptions are, generally, written in the present tense, it may be necessary to remember that the notes were taken in the summer of 1849. If anything which has occurred since that time has been introduced, it will be found in a note, and not in the body of the work. For the information respecting the institutions which I did not visit, I am indebted to many German works, and to articles in the *Annales Medico-Psychologiques*.

(*To be continued.*)

## ARTICLE IV.

TRIAL OF FURBUSH.—By DR. RAY, *Superintendent of the Butler Hospital. R. I.*

At a special session of the Supreme Judicial Court of Massachusetts, held at Salem in February, 1852, Charles J. Furbush was tried for the murder of John J. Purdy, in Lynn, on the 28th of June, 1851. The court consisted of Chief-Justice Shaw, and associate Justices Metcalf and Dewey. The prosecution was conducted by Stephen H. Phillips, district-attorney, and the defense by Messrs. Perry and Northend of the Essex bar. In the following summary of the evidence will be found every particular having any bearing on the merits of the case, conveniently digested and arranged under different heads.

## THE PARTIES.

Furbush, now 22 years old, was born in New-Hampshire. His father died when he was eight years old, and his mother, two years afterwards. When fourteen, he was placed with an uncle with whom he lived a few months, and then he followed the sea four or five years, at the end of which period he returned, having lost a leg, and from that time to the present had employed himself in bootmaking. Purdy was a young man, also a bootmaker; both worked in the same shop, which they used in common, boarded at the same house and occupied the same room.



## CIRCUMSTANCES ATTENDING THE ACT.

On the 28th of June they dined together about 12 o'clock, as usual. After dinner they both went to their shop, whence, shortly after, Purdy went to a clothing-store in the neighborhood and bought a few articles, and then proceeded to his room in the boarding-house, where Furbush had just gone. A few minutes after, two pistol-shots in rapid succession, together with the cry of murder, were heard in that room. Those who ran thither burst open the door which was fastened, and found Purdy in the act of rising from the floor, exclaiming that he was shot, and Furbush so intently occupied with loading a pistol that he scarcely noticed them. They went out in order to obtain further aid, and in a minute or two afterwards heard two more reports in the room, not so loud as the former two, seeming to one witness like the exploding of percussion-caps. On the body of Purdy who died in a few minutes, were found two bullet-wounds, one of which traversed the right lung and lodged in the spinal canal, and the other passed through the heart and left lung. On Furbush was found a shallow cut extending from the mastoid process forward to the edge of the ear, the incision being continued even into the angle formed by the junction of the ear with the head. It looked as if it had been made with a knife. He said it was made by firing a screw which was picked up; but the screw was not blackened, nor would it enter the pistol that was found in the room. The inside of the ear was blackened as if by powder, and just within the meatus was found a pistol ball. The witnesses were not sure whether the meatus was lacerated or not. To the surgeon who dressed his wound, he said that he had fired at himself three times—twice at his breast and once at his head. Once he forgot to put in a

ball and once he fired the screw. After the ball was extracted from the ear he said there was something else there, but after some further painful examination he declared that if they would stop, he would tell the truth about it, which was that there was nothing more there.

#### TOUCHING THE MOTIVE AND PREPARATION.

A few days before the murder, a witness who went into the shop heard Furbush say, "You may tell of it if you have a mind to." To this Purdy replied, "I shall finish what work I have underway, and then settle for my board and leave; if Mr. Bailey [the man with whom he boarded,] asks the reason, I shall tell him, otherwise I shall not. And I advise you as a friend, never to threaten to knife any body, as others may take more notice of it than I do." Then Furbush rejoined, "I am not afraid to do it, and if you will go out back, I will fight it out with you." [The witness also stated before the grand jury, (what he was not allowed to state on the trial,) that after Furbush left the shop, Purdy said that the above-mentioned scene arose from a discussion they had just had, on the question whether natural or acquired powers met with the greater success in the world. "Poor fellow," continued Purdy, "he is to be pitied, for he thinks every body is against him."] About a fortnight before the act, a witness heard the following conversation between them, about the state of the times. Purdy said that the Lynn journeymen might blame themselves for the low prices of work, because they were afraid to go out of the place in search of employment. "They would stop here," said he, "and let the bosses give them just what they pleased." Furbush then said, "why don't you clear out then; nobody wants you here, It is tramps coming in that spoilt the business." With

these exceptions, no instance of disagreement or bad feeling was witnessed. On the morning of the day of the murder he was seen firing at a mark with a pistol, and he had engaged the son of his landlord to run some bullets for him to use on the fourth of July, and the father was actually running them when the murder occurred. When told that Purdy was dead, he said, "then I am satisfied and ready to go to hell."

#### MENTAL CONDITION.

When Furbush returned from sea with the loss of a leg, his relatives observed a great change in his character. Previously he had been a lively, cheerful, sociable lad, and now was habitually dull and dejected. His uncle, with whom he at first resided and worked at boot-making, stated, that for a time he seemed pleased with the work and the people around him, but after six or eight weeks he became irritable, peevish, dissatisfied, reserved and taciturn. This disposition which continued until the murder, led to a change of boarding house, and when he met his uncle in the street, as he did about once a week, he never spoke to him, nor scarcely recognized him. All the witnesses who pretended to be much acquainted with him, concurred in this representation of his character. One said, "he never knew him to commence a conversation" during this period. Several spoke of his "sitting two or three hours with his head on his knee," and of his "staying in his room in cold weather without a fire" for many hours at a time. When asked if he were unwell, he would make no reply. Once, while reading, he looked up from his book, gnashed his teeth, looked wild and exclaimed, "I am slighted; I am despised." At another time he said he would like to see the streets run with blood. He told



very different stories to different persons about the manner in which he lost his leg, and any allusion to his leg excited him. Although represented as habitually dull, it appeared that this moodiness of temper above referred to, came in fits which continued from a few hours to a whole day, and were succeeded by a more cheerful spirit. They were described as occurring, sometimes, very suddenly—within five minutes, one witness said. He would sometimes go to bed in good spirits, and the next morning come down to breakfast, pale, reserved and sulky.

It appeared in evidence that, during this period, he had several paroxysms, (how many, exactly, could not be made out,) of apparent raving, in which he lost all consciousness and self-control, rolled on the ground, and poured forth a jargon of incoherent expressions. In one of them, as described by a witness, “he was thrashing round and rolling about in the mud, wooden leg off, as if he did not care whether he killed himself or not.” “He kept rising up and throwing himself about, and his wooden leg, also.” All this time he was uttering wild and disconnected expressions, of which the witness could remember only, “revenge,” “blood,” “Bernardo the Great.” He was taken up and carried to his boarding house, manifesting unusual strength. The same witness saw him in two other similar paroxysms, the last of which was about a year before the murder. They continued several hours, but it did not appear how frequent they were. Other turns of strange and violent conduct were testified to, that can not be referred to either of the above-mentioned conditions. About a year ago he came into witness’s house and sat down in the kitchen, and soon got into the sink ; leaping out of this, he caught up a kettle of boiling water from the fire, and

was putting it to his mouth, when it was pulled away. Another witness with whom he boarded, said, "he once went to bed, and, as I supposed, had got asleep, when I heard a tremendous yell. He came down, went out, stayed two or three minutes, came in, went up to bed, came down again yelling as before, went out, and I locked the door. He came back, and I let him in. I told him he might either clear out, or go to bed quietly. I said, 'you know what you are about,' and he replied, 'yes, I guess I do now.' He then went to bed quietly." Another witness had "seen him making peculiar motions, turning himself around, shooting his cane at the trees, and swinging himself along by the branches."— Another "heard him crying out, 'kill me, kill me, I want to die and go to hell.'" Once, after sitting some time with his head on his knees, "he sprang from his seat, gnashed his teeth, and struck the door with his knuckles." "Once, while I was in the garden and he in the house," said another, "I heard him swearing and kicking about, but suddenly he stopped and burst into a laugh." Another saw him, on one occasion, "break up a cane which he prized highly as having been his father's, and heard him swearing badly." "As he passed along he would strike his knuckles against the stone wall and bruise them." The same witness said that Furbush told a rambling, incoherent story about his joining a party of Mexicans, being arrested as a spy, and on the point of being hanged. At table one day, when the coffee was spilled, and some one said a stranger would come, he said a stranger had appeared to him in the night,—a figure arrayed in white stood over him and presently vanished away. Some three or four months before the murder, he took laudanum for the purpose of destroying his life, because, as he said, "he was tired of living."

Soon after taking it, he called his landlady to him, told her what he had done, and hoped he might have decent burial. He declined taking the emetic his physician prescribed, but it was forced into him, and he vomited.

During the forenoon of the day of the murder, nothing unusual was observed in the appearance of Furbush. To some one who asked him how he was, he replied, "first rate." When the neighbors returned to the room after the last reports, Furbush was lying quietly on the floor, but he presently aroused himself, began to rave, and exhibited all the marks of one of the paroxysms described above. He required several persons to hold him on the bed, while he was screaming, swearing and vociferating. Among the expressions noticed by the witnesses were these, "you can't kill me, you can't kill me;" "I am willing to die and go to hell;" "I have got my revenge." When they applied cold water to his head, he seemed to imagine that he was in the water, drowning, and talked of sharks and pirates. "Damn him, keep him away," he exclaimed. "What," said the witness; "why, that shark—don't you see him." Towards the latter part of the afternoon he became quiet, and allowed them to dress his wounds and extract the ball from his ear. On his way to the jail that evening, he said to the people around the station, "damn you, do you see anything green about me." When asked by the officers why he killed Purdy, he replied, "that he fought a duel."

While in jail, his manner was habitually the same as that he had exhibited for several years past,—generally reserved and sullen, with occasional turns of comparative cheerfulness and several paroxysms of violence. One of the latter lasted three days, and while in it he fired his bed. The jailer, on hearing the outcry pro-



duced by the fire, opened the door and was immediately clinched by Furbush, and though a powerful man, it required all his strength to put him on the floor. At another time he kindled a fire of newspapers, books, etc., in his bucket. When he came out of the court-house, [whither he had been for the purpose of being arraigned on the indictment of the grand jury,] he said that "the judge laughed at him, and Mr. Perry [his counsel] laughed at him; the clerk looked stern and the house seemed to be turning round." The physician of the jail, Dr. Perkins, of Salem, never found his pulse less than 80°. Furbush complained of pain in his ear, and on examining it, the doctor found some soaked cracker in it. After one of his paroxysms, he asked the doctor to bleed him.

#### PREDISPOSITION TO INSANITY.

For many years his mother was occasionally very melancholy; and an uncle was said to have been insane.

#### HABITS OF DRINKING.

In his room the officers found one or two bottles containing some kind of alcoholic drink. Just before the fatal act, a boy who went into his room saw him drinking from a bottle. On one or two occasions he drank some new cider, how much could not be ascertained. Once he tried to buy a little spirit of a shopkeeper, but did not get it. The physician who attended him when he took the laudanum, thought he had been on a drunken spree, but the only ground of his opinion was, that he had a dejected appearance and was reputed to be intemperate. On his way to jail, he asked the officer for liquor. One of the women with whom he boarded, stated that Furbush having complained much of feeling poorly, she had made for him, several times, a bitter drink containing a

little rum. The bottle of rum found in his room, she identified as one which she furnished him. She never knew him to use spirits in any other way or shape, except that once she gave him a little cherry-rum.

#### TESTIMONY OF EXPERTS.

Dr. Chandler, of the Massachusetts State Lunatic Hospital, and the writer, after having heard all the testimony on both sides, declared it to be their opinion, that when Furbush committed the murder, he was insane.\* They admitted that the violent paroxysms as described by the witnesses and considered apart from any other manifestations of mental disturbance, might have been produced by a drunken debauch, if any such could be proved to have been committed.

The court, in charging the jury respecting the law on the subject of insanity as an excuse for crime, essentially reiterated the doctrine which it had laid down, a few years before, in the trial of Abner Rogers, and which, if we must go beyond the simple question of sanity or insanity, is as little open to objection as any. The jury returned a verdict of not guilty on account of insanity, and the prisoner was sent to the State Lunatic Hospital at Worcester.

In regard to the mental condition of Furbush, there could scarcely be a reasonable doubt, unless some of his conduct immediately after the murder may be supposed to warrant some suspicion. Had he, on the 27th of June, 1851, been offered for admission into any insane hospital in the country, the proofs of his insanity would have been regarded by the Superintendent, I think, as remarkably strong and abundant. Although some light might have

\* Dr. Bell was present on the first day of the trial, but was prevented by a violent storm from any subsequent attendance.

been thrown on the origin of the disease by a more complete history of it, yet no practised observer of insanity could fail to recognise its familiar features. Had its manifestations been confined to the violent paroxysms, there might be room for suspecting drunkenness or simulation; but these only constituted one phase of a disorder of which the fits of sullenness, the habitual dejection, the suicidal attempt, and the marked change of character which existed more than three or four years, were so many other and not less significant phases. The cloud of suspicion and jealousy which constantly envelopes a mind in this state, led him to commit the fatal act, without any previous design or definite purpose. Alone together, with the weapon in his hand, with which he was probably preparing to go out in quest of game, an inoffensive word or an involuntary flash of suspicion, was sufficient to deprive him entirely of self-control and urge him headlong upon a deed of violence and blood. The immediate occurrence of a paroxysm after the homicidal act, shows that he must have been laboring under an unusual disturbance at that moment, and the rather sudden recurrence of these paroxysms seems to have been a feature of his disease. His expressions that "he had got his revenge," and "was satisfied," do not militate against this view of the case, because they resemble much more strongly the raving of a maniac than the triumphant gratification of sudden or deliberate passion. It did not appear that there was any settled estrangement between the parties. The few ebullitions of ill-temper on the part of Furbush are no proof of fierce hate and hostility, except on the supposition that his mind was deeply diseased. The only altercation which was revealed, sprung from the discussion of a merely speculative question, and Purdy, by all accounts,



was a man not likely, in such a discussion, to make any provoking remark.

To medical men much conversant with insanity, the mental condition of Furbush's mother and uncle, furnishes confirmatory proof of his own unsoundness. The testimony of all experience will bear us out in saying that a mother who, if not insane, was but a step or two removed from it, was more likely than not, to transmit mental disease to some of her offspring.

In the absence of any apparent motive for the act, the government undertook to prove that Furbush was addicted to strong drink. In this attempt it unquestionably failed. The bottles found in his room were satisfactorily accounted for. The violent paroxysms probably gave rise to the common impression that he was intemperate, as they well might to a common observer, and as they actually did to one witness. Yet, however that might be, no one could be found in the community where he had lived for several years and where the popular odium was so strong against him, who had seen him drink anything stronger than new cider, a little cherry-rum, and a medicine containing just enough spirits to preserve it. One man was found of whom Furbush attempted to buy some spirit, but did not get it. Even that he might have sought for the purpose of putting it in his medicine.

His manœuvres upon himself immediately after killing his companion are, certainly, highly suspicious. The wound of the ear was, unquestionably, not made with a pistol-shot but with a knife; and there can be as little question that the ball found in his ear was not fired into it, but placed there by his fingers. His contradictory statements respecting something else being in his ear, are a piece of the same conduct. The insane, while laboring under a degree of excitement or delusion, that

impels them to acts of violence, rarely practise such deceit as this. On the contrary, nothing more strongly characterises their mental operations, than their intense earnestness and sincerity. They go straight forward to their object, either frankly avowing it when accomplished, or, if denying it taking no pains to prove their statement. When tolerably calm and not controlled by delusions, it is not uncommon for them to foresee and fear the consequences of their acts, and take very rational means for avoiding them. Can we suppose that Furbush, immediately after sacrificing his victim, foresaw that he was thereby exposed to the utmost penalty of the law, and conceived the idea of creating a suspicion of insanity, by a fictitious attempt at suicide? This would scarcely be reconcilable with his manner as described by the witness who first entered the room after the reports and cries were heard. "He did not turn his head towards me, though I made considerable noise in breaking in,—did not seem conscious of my entering, all his attention being concentrated on the pistol as if he could not get it loaded quick enough. His face was flushed and his look determined." The above supposition, too, if correct, implies another, viz., that after the fury of the paroxysm was spent, and he had come to himself in some measure, he resumed the design to mislead and deceive. Neither is it probable that he was actuated by the disposition to mystify so common among the insane, for he had never evinced it before, as he undoubtedly would, if it had been a trait of his disorder. No view of the case is free from insuperable difficulties, and here I am obliged to leave it. They would be fatal, certainly, to the supposition of insanity supported by a kind and quantity of evidence less satisfactory than this, but inexplicable as they are, it does not necessarily follow that they are incompatible with the presence of that disease.



In company with Dr. Bell, I visited Furbush in the jail at Salem, in October last. We found him half sitting, half lying on his bed, reading a trashy novel. His person, clothes and room exhibited an utter disregard of all neatness and even cleanliness; his manner was shy and forbidding, and no look or word of welcome escaped him. We commenced a conversation chiefly relative to his early history, his parents and relations, and the preparations for his trial. He replied to questions, after some hesitation, very briefly, in a low, muttering voice, seldom raising his eyes from the book. It was not always possible to catch what he said, and on being requested to repeat it, he generally was silent. The most obvious peculiarities of his discourse were an apparent ignorance of things which he must have known once, and which, having once known, no form of insanity, other than raving or dementia, would have erased from his mind; and a total lack of interest in anything whatever. He said he had made no preparations for his trial, and virtually declared that he neither knew nor cared whether or not they would be made by any body. When reminded of the consequences of the act he had committed, unless he made a successful defense, he exclaimed, "I am ready for it; the sooner it comes the better." He then turned his face to the wall, and refused to utter another word. His whole manner, from first to last, evidently implied that he regarded us as meddling with what was no concern of ours, and scarcely entitled to respectful notice.

This brief interview with Furbush did not enable me to form any decided opinion respecting his mental condition, and I believe it left a similar impression upon Dr. Bell. His pretended ignorance of certain things looked more like simulated than real insanity; but with



the light subsequently thrown upon the case, I am disposed to think that it proceeded rather from a disposition to afford us as little satisfaction as possible, and get rid of us at the earliest moment, than a design to induce the belief that he was insane.

In a large proportion of cases, in fact, a single interview can lead to no satisfactory conclusion, especially if little is known of the previous history of the patient. Among many reasons for the fact that might be mentioned, there is one very common and very significant. The patient may entertain no definite delusions, or if he do, he may not be disposed to proclaim them to a stranger. His insanity may be manifested, not by any inherent folly and absurdity, but by opinions and forms of speech obviously inappropriate and unnatural; by manners, tones and gestures which, however natural they may be to others, are quite unnatural to him; and by certain extravagances and freaks of conduct which, of course, could not be displayed without a fitting opportunity. Many a man who in a brief, single interview, would not appear otherwise than sane, would soon display his mental infirmity under the close and continued observation which is practicable only in a hospital, or with the opportunities which an unrestrained intercourse with the world permits.

Since the trial it has been currently reported, I understand, that Furbush was really a hard drinker, notwithstanding the government failed to prove it. But even if the rumor were correct, it would not necessarily follow, that the experts were mistaken respecting his mental condition. Among the causes of insanity, intemperance is generally regarded as one of the most prolific, and if, in Furbush, it had led to the mental disorder which appeared in evidence, that disorder was no less insanity,

pathologically considered, nor a less valid excuse for crime. That intemperance had maintained and aggravated the disorder, may be admitted, without implying any change in the condition of the questions at issue, viz., whether he was an insane man, and if so, whether his insanity was of the kind that absolves from all legal responsibility. The only distinction which the law makes in this matter, is between the insanity which is the direct and that which is the indirect effect of drunkenness, the latter being admitted, and the former not, as a sufficient excuse for crime. Even if it had been proved that Furbush drank excessively before the homicide, this would not have affected the legal consequences of that habitual insanity which was established by the evidence. The question, therefore, whether any particular phasis of his disorder was the immediate effect of drunkenness, is unimportant, in this relation, although as a matter of fact, it ought to be considered that his mental condition while in jail, where he was entirely deprived of strong drink, was essentially the same as that which he had previously manifested.

Since writing the above, I have seen Furbush in the hospital (Aug. 10, 1852.) I found him engaged with another boarder braiding straw. His aspect was much more cheerful and healthy than I had ever seen it before, and I thought he had gained flesh. He said he recognised me, and readily replied to my questions which were necessarily few, as my engagements permitted only a very brief interview.

Dr. Chandler informed me that "for some time after he came in, he was exceedingly jealous and irascible, threatening to 'rip up the guts' of any one who attempted to check him when in his violent moods. He had

periods of wakefulness at night and complained of involuntary seminal emissions. He was much addicted to telling extravagant and obscene stories. Lately, his general health has improved, the emissions seldom occur, and his mental manifestations are of a healthier character. He conducts pretty well, labors often in the field, and exhibits but few if any traits of insanity."

The change which Furbush has manifested during his residence at the hospital, is unquestionably the result of hospital management, and might have been reasonably expected. No one would venture to say that he had recovered, or that his present improvement is anything more than many patients evince, who show, by repeated trials, that when at large, they are incapable of so controlling themselves as to become safe members of society. I do not say that he will never recover; but I do say that the evidence of recovery will probably never be so clear and satisfactory as to justify his discharge from all restraint.



## ARTICLE V.

1. *Report of the Board of Trustees of the Massachusetts General Hospital, presented at their Annual Meeting, January 28, 1852, including the Thirty-Fourth Annual Report of the Physician and Superintendent of the McLean Asylum for the Insane.* Svo. Boston, 1852.
2. *Report of the Trustees and Superintendent of the Butler Hospital for the Insane, presented January 23, 1852.* Svo. Providence, 1852.
3. *Fifteenth Annual Report of the Directors and Superintendent of the Vermont Asylum for the Insane, September 1851.* Svo. Brattleboro', 1851.
4. *Report of the Board of Commissioners and Superintendent of the Provincial Lunatic Asylum of New Brunswick, for the year 1851.* Svo. St. John, 1852.
5. *State of the New-York Hospital and Bloomingdale Asylum, for the year 1851.* Svo. New-York, 1852.
6. *Ninth Annual Report of the Managers of the State Lunatic Asylum of the State of New York, transmitted to the Legislature, Feb. 14, 1852.* Svo. Albany, 1852.
7. *Report of the Pennsylvania Hospital for the Insane, for the year 1851, By Thomas S. Kirkbride, M. D., Physician to the Institution.* Svo. Philadelphia, 1852.
8. *Thirty-Fifth Annual Report of the state of the Asylum for the relief of Persons deprived of the use of their Reason. Published by direction of the Contributors. Third Month, 1852.* Svo. Philadelphia, 1852.
9. *Fifth Annual Report of the Officers of the New Jersey State Lunatic Asylum at Trenton, for the year 1851.* Svo. Trenton, 1852.

10. *Report of the Board of Visitors of the Maryland Hospital to General Assembly of Maryland, containing statements of the condition of that Institution for 1850 and 1851, and transmitting the Reports of the Resident Physician for 1850 and 1851.* Svo. Baltimore, 1852.
11. *Thirteenth Annual Report of the Directors and Superintendent of the Ohio Lunatic Asylum to the fifteenth General Assembly of the State of Ohio, for the year 1851.* Svo. Columbus, 1852.
12. *Report of the Eastern Lunatic Asylum in the City of Williamsburg, Virginia, 1851.* Svo. Richmond, 1852.
13. *First Annual Report of the Board of Trustees of the State Lunatic Hospital of the State of Pennsylvania.—Made to the Legislature, January 14, 1852.* Harrisburg, 1852.
14. *Reports of the Board of Visitors, Trustees, Building Committee, and of the Superintendent of the New-Hampshire Asylum for the Insane. June Session, 1851.—Concord, 1851.*

1. The *McLean Asylum for the Insane* presents the following table:—

	Males.	Fem.	Total.
Remaining, .....	100	100	200
Received during the year,.....	85	79	164
	<hr/> 185	<hr/> 179	<hr/> 364

There have been discharged as follows:—

Recovered,.....	50	25	75
Much Improved,.....	9	7	16
Improved, .....	10	10	20
Not Improved,.....	15	16	31
Unfit, .....	1	1	2
Died, .....	15	14	29
	<hr/> 100	<hr/> 73	<hr/> 173

Of the last, eight were not under seventy years of age, and one was over ninety.



The whole number of admissions since 1837, has been 2,194, and of these 1,101 have been discharged recovered. There have been 256 deaths.

The most important events in the history of the establishment, are the introduction of the Cochituate water; (the same from which the city of Boston is supplied,) and the commencement of building the Appleton wards. "After much investigation into the various materials employed in conducting water, pure block tin was selected as most free from objections. *Lead was deemed wholly inadmissible, from its poisonous properties*; wrought iron had wholly failed in our previous experience, from its rapid oxidation; and cast iron necessitates a much larger pipe to insure against the filling up of its calibre by deposits than the case required."

The concluding observations of Dr. Bell are well worthy of extensive diffusion:

"In casting back my eye over the records of the fifteen long years I have finished in your service, I find a roll of nearly twenty-four hundred patients who have been under my care. I have had the gratification of seeing nearly one half of this large number emerge from the various forms of clouded mind into the light of reason, and of these I can truly say that so far as I have ever been informed, no one of those returned as "recovered," has evinced any other feelings, save those of kindness and grateful consideration. Of the moiety who failed under any efforts in our power to reach that point warranting the record of "recovered," some have looked back upon their residence here with pleasure, some with pain. Wounded pride, false and delusive impressions as to their true condition and the acts of their friends as well as guardians, not infrequently lead the partially restored to harbor resentful feelings against all who have been obliged to exercise restraint upon their liberty. In the fully restored, all minor inconveniences and trifling wounds to the sensibilities are lost in the feeling of gratitude for recovery, and thankfulness to all who had any agency in bringing it about.

"In alluding to these results of disease, which are not merely the experience of this, but of all similar institutions the world over, an eminent author and director of an institution truly observes:—

"One of the most lamentable manifestations of insanity is a feeling of hostility towards those who have been concerned in controlling the person or business of the patient. It disappears after a perfect recovery; but many recover so far as to be free from all delusions, to maintain unremitting self-control, and transact their customary business correctly



and shrewdly, but never regain confidence in those who favored their confinement, though their part in it was prompted by kindness and managed discreetly and considerately. This state of feeling varies from tacit distrust and aversion, to a deep malignity that leads to violence and litigation. Having regained all their natural shrewdness, they have no difficulty in enlisting the sympathies of those, and they constitute the greater part of mankind, who are ever ready to yield their faith to any statement that is uttered with a certain plausibility of manner. Whether actuated by a kind of pride that refuses to acknowledge that they have been the subjects of so humbling an infirmity as insanity, or an obscurity in their recollections of the past that leads them to mingle the real and imaginary, and confound the scenes with the cause of their suffering, they persist in referring the mental tortures they endured, to the measures that were meant for their mitigation, and attributing their various discomforts to the cruelty and neglect of others, rather than to the disordered condition of their own minds. Although they may not succeed in convincing the world that they have never been insane, for of this fact perhaps there may have been too many witnesses, yet they often leave the impression that they have been unjustly, if not cruelly dealt with. It is not strange, therefore, that they should look upon the institution where they have suffered so much, with feelings of any thing but complacency, as the active instrument in perpetuating and multiplying the ills they have been made to endure. It would be far more strange were it otherwise—were they, in the same breath in which they abuse their friends, to commend the persons selected by their friends for carrying into effect their nefarious designs. But it is strange that those very friends who feelingly disclaim the unworthy motives imputed to them, are often ready enough to believe similar imputations when cast upon others, and even upon the institution by whose services they have been benefitted.' "

"In my long experience, your Board has never been called on by a dissatisfied patient or his friends, to investigate any allegations of neglect or unkind treatment—a fact sufficiently proving, I think, that these occasional complaints are such as shrink from, rather than court examination. In the only instance when I felt it due to the assistants of the house, to request your Board to institute an enquiry, you had a sufficient, although ludicrous illustration of the basis of the complaints of unrecovered patients.

"I have been led into this train of remarks from no recent or special experience in this annoyance, but in the sincere hope that those who have, and are to have, the anxious and arduous post of hospital direction may be relieved as far as possible from wounds, which insignificant as they may seem after the events are passed, or to those at a distance, are to honorable sensibilities of no trifling venom."

2. Dr. Ray, with whom we observe Dr. Ranney is associated as Assistant Physician, presents the following account of the *Butler Hospital for the Insane*, for 1851 :

	Males.	Fem.	Total.
Remaining December 31, 1850,.....	50	63	113
Received during 1851,.....	33	35	68
	—	—	—
	83	98	181
Discharged :			
Recovered,.....	8	18	26
Improved,.....	4	4	8
Unimproved,.....	3	1	4
Died,.....	7	9	16
	—	—	—
	22	32	54

After congratulating himself and the Trustees on the number of recoveries, he thus addresses them: "Touching the measure of our success, however, I need not speak to you, whose frequent and thorough visitations have furnished the means of judging for yourselves. You have been unable to resist the conclusion, I think, that the merely custodial character of the institution has been steadily becoming more prominent—that every year has witnessed an increase of the number of those who will spend with us the remainder of their days. Disagreeable as this feature may be in some respects, it furnishes a cheering illustration of the more liberal views prevailing among us respecting our duties to this unfortunate class of our fellow-men. The idea is altogether too prevalent yet, that hospitals for the insane are designed solely for curative purposes, and that if the patient is beyond the reach of recovery, some strong, dark room at home in the garret or the barn will sufficiently satisfy any claim he may be supposed to have upon those whom it may concern. This idea is steadily, though slowly, disappearing, and it is to be hoped that the next to follow it, will be that other idea, so comforting to the consciences of municipal bodies, that by means of some special contrivances of the village carpenter, the insane may be made as comfortable in a poor-house as in a hospital."



We are not surprised to find that the Statistical Returns of the United States Census for 1850, are ascertained to be grossly incorrect. How can it be otherwise, when the office is usually the reward of political subserviency, instead of intelligence and fitness for its duties. Observe the plain facts.

The insane for 1850, in Rhode Island, are returned at 233, or 1 in 633 of the population. Now, in this same year, the General Assembly appointed Thomas R. Hazard, Esq., a commissioner to inquire into the condition of the public poor and the insane. He visited all the towns in the State except one, and personally inspected their asylums for the poor. He reports the number of pauper insane as 143, and of all others 140, making a total of 283 insane. Again, the Census returns 108 idiots, the commissioner, 136. "Unquestionably in this class are embraced many who appear to be idiots, only because they evince a loss of mind and who should properly be included among the insane. Taking half the number reported, and adding it to the number of the insane as above corrected, we have an aggregate of 420 insane persons in Rhode Island, or 1 in 351."

In their annual communication to the Corporation, the Trustees observe that "the report of Dr. Ray is rendered especially interesting by the enlightened views, so luminously presented, of one of the causes connected with the malady which has been the subject of his careful attention." We cordially assent to this; nay, we go further, and say that the subject matter is of the highest importance, not only in reference to the increase of insanity, but even to the stability and permanence of our government and its institutions. We rejoice that Dr. Ray, with increased years and accumulated experience, is constrained to bring the full force of his intellect in



aid of, what we deem, the old and truly orthodox system of education. It is sanctioned by the diversified experience of previous successful results, and the sad contrast which we shall presently quote. It is conformable to the moral workings of the universe, even if these last are deemed to be "without a plan." But we must here content ourselves with merely quoting the observations of Dr. Ray. It would, indeed, be injustice to him and to the subject, to abridge them.

"The statistical facts above referred to, naturally induce us to seek for an explanation of the increasing prevalence of insanity which they imply. The field of inquiry which they open, is a broad one, certainly, and as yet but little explored; but it can not be doubted that a proper course of investigation—one guided by a practical knowledge of insanity, and a philosophical observation of the manners, passions and conduct of men, as well as the springs and motives of human action—would establish some important principles. The world is hardly ready, however, for results that would unquestionably shock its prejudices, and throw discredit on some of its favorite practices and opinions; still, I venture to call your attention to one of them, because it is of the deepest moment, and the occasion not altogether inappropriate. Such an inquiry would make us acquainted, I think, among other things, with much in our political, religious and social usages, in the prevalent views respecting the chief purposes of life, and especially, in the moral spirit that guides the movements and kindles the aspirations of men, calculated to disturb the balance of the mental powers, and prepare the way for unequivocal insanity. It would show us that the eagerness, the hurry, the vehemence which constitute such prominent traits in our national character, produce a morbid irritability of the brain, but a single remove from overt disease. It would show us, I doubt not, as underlying and supporting nearly the whole mass of the moral causes of insanity, very serious defects in the education of our youth, whereby some of the mental powers are unduly developed, while others are grossly neglected, and left to that crooked and often positively vicious training which springs from chance and accidental circumstances. This, then, the gross neglect of the moral powers—those which guide the passions and determine the motives—is the crowning defect of the education of our times, ruinous in its consequences to the health both of body and mind.

"It will scarcely be denied that the proper training and development of the moral powers are necessary to the promotion of the moral and physical well-being of the individual. The paramount object of education—that alone which should be recognized as such in a Christian community—should be to make good men; not learned men filled with various knowledge, but men ever true to the right, the honorable and the honest, and ever ready to acknowledge the claims of their fellow-men upon their sympathy and support. Indeed, the necessity of stating such a proposition with any degree of formality, shows better than any-

thing else could, the extent of the neglect in question. The idea almost universally associated with education is, that of furnishing the mind with a certain amount of attainment in various branches of knowledge; so much arithmetic, so much geometry, so much grammar, so much geography, &c. If any higher idea than this is connected with the subject, it is only that of disciplining the intellectual powers in such a manner as to fit them better for fresh acquisitions and the practical business of life. That every individual has received from nature certain faculties whose activity and direction will have an important bearing on his happiness, as connected with his relations to his fellow men, no one doubts; but the apprehension that they may not receive their rightful share of attention in the common modes of education, seems not to be entertained at all. To few comparatively has it ever occurred, that the training of these faculties is a legitimate object of education in the popular sense of the term. To make any proficiency in this or that branch of knowledge, a course of special instruction by means of books, teachers and apparatus, is regarded as requisite, if not indispensable. On the other hand, to make men pure, benevolent, conscientious, compassionate, obedient to God and faithful to man, desirable and important as these traits are universally considered, no special aids of education are recognized and provided. Of course, in this connection, we make no account of the public religious observances of the Sabbath, because their influence constitutes no part of what is technically called education. Nor is the defect in question, entirely supplied by Sunday schools, for valuable as they prove to some, and not altogether valueless to any, their teaching is too desultory and unsystematic to counteract the stronger influences of the other six days' training.

"There remains but one other source which at present could possibly furnish the moral culture so desirable—I mean the family, the home. Here, then, if any where, we are to look for that moral training which is to fit our youth for the active pursuits of life, and prepare them for its seductions and its duties. Here, if any where, they are to acquire the power of governing passion and resisting the impulses of the lower appetites, of discerning the nicer shades of right and wrong, of sacrificing self to the call of benevolence or duty, and amid trial and change, steadily keeping in view the great ends and purposes of life. The time has never been when this kind of training in its highest condition, was very general in our country; but I submit as a matter of fact, whether, imperfect as it has been, it has not greatly declined during the last few generations? Unquestionably, at one time, the domestic rule was needlessly rigid and disagreeable, and led to an asceticism of manners equally prejudicial to the mental health and the moral welfare. I am not sure that we have yet ceased to witness its effects, for there is reason to believe that much of the insanity so prevalent in the older parts of our country may be traced to that dearth of the means of relaxation which directly resulted from this contempt and independence of innocent pleasures.

"If there be any well-settled physiological principle, it is that the ordinary routine of care and toil which is the lot of a great portion of the race, must be enlivened by judicious indulgence in rest and amusement, in order that the greatest possible degree of mental and physical health may be enjoyed. At present, however, we have little to fear from this



source, the danger all lying in an opposite direction. The asceticism of our ancestors was infinitely less injurious than the license which characterises the domestic training of their descendants. How many of this generation complete their childhood, scarcely feeling the dominion of any will but their own, and obeying no higher law than the caprice of the moment. Instead of the firm but gentle sway that quietly represses or moderates every outbreak of temper, which checks the impatience of desire, which requires and encourages self-denial, and turns the performance of duty into pleasure, they experience only that feeble and fitful rule that yields to the slightest opposition, and rather stimulates than represses the selfish manifestations of our nature. After such a beginning, it could hardly be expected that during the transition period between childhood and manhood, the voice of parental authority would be more faithfully heeded. In the rapidly widening circle of desire, lessons of moderation and temperance make less and less impression upon the heart. Amid the intense selfishness around him, which begins by disgusting and ends in subduing his unsophisticated nature, the youth is little enabled to add new power to the calls of conscience. Enlarged means of self-gratification strengthen no effort of self-denial, and in the presence of companions a few steps farther advanced in the career of indulgence, every manly sentiment is stifled, every noble aspiration is repressed, until at last and long before the age of legal majority, the moral nature presents a dead level of heartless worldliness. The instructions of school or college may continue, but less than ever are they applied to the issues of the heart. The family circle is yet unbroken, but its moral influence is gradually enfeebled, because wanting the sanction of authority. The passions become more imperious with every indulgence, each successive temptation is more faintly resisted, and life begins to be contemplated, not as a field of discipline and improvement, but a scene of inexhaustible opportunities for fulfilling hope and gratifying desire. Could we look into the inmost chambers of the youthful mind, how seldom should we fail to see an imagination teeming with unhallowed desires and ambitious schemes, an impatience of salutary restraint, a self-reliance that has in it no element of faith, and views of duty ennobled by no higher principle than that of intense selfishness. Even the intellectual exercises of this period are made subservient to the gratification of the lower sentiments, and much of the literature of the day is expressly designed to confuse the plainest of moral distinctions, and invest the world with embellishments that only an unchastened imagination could suggest. It is painful to contemplate an evil so wide-spread and seductive as this, before whose fearful magnitude, every other to which I have alluded, sinks into comparative insignificance. Of all others it is most strongly calculated to destroy that equilibrium between the different powers of the mind, which is essential to its most perfect health.

“ The legitimate result of these defects in the education of our time, is, that finally the ordinary virtues of life are degraded to a very subordinate rank. Patient and persevering industry with its slow and moderate rewards, honest frugality and a temperance that restrains every excess, frequent and faithful self-examination, clear and well digested views of duty, become distasteful to the mind which can breathe only an atmosphere of excitement, craving stimulus that rapidly consumes its energies, and destroys that elasticity which enables it to arise from every



pressure with new vigor and increased power of endurance. It reels under the first stroke of disappointment, and with the loss of those objects on which it had placed its affections, it turns upon itself to revolve some hateful idea, until it becomes a fixed and vivid delusion. And thus it is that many a man becomes insane, by exposing himself to extraordinary trial and temptation, with none of those conservative principles which a really good education can impart. Indeed, the fact is so common that it fails to attract our notice, and thus it is that we are scarcely aware of its existence. Let us educate any other organ as we do the brain, and what else could we expect but disease? Accustom the stomach from infancy to the richest food, without stint and without regard to time or occasion, and we prepare it for the torments of dyspepsia.—The conclusion of the whole matter is, that insanity must necessarily increase in our community, until the moral faculties shall be subjected to a higher culture, both in the school and the family. I suggest no special remedy for the evil. I doubt if it ever will be remedied, while the popular estimate of education, shall be expressed rather by what it will bring to the individual, in the current coin of the realm, than by the ability it furnishes for pursuing the highest objects of his existence."

3. The *Brattleboro' Report* is, as usual, brief and to the purpose. The State, it appears, has appointed a Commissioner for the Insane, whose duty it is to make repeated and searching visits at the Asylum. His statement is highly favorable.

There were patients—

	Males.	Fem.	Total.
Remaining August 1, 1850,.....	173	155	328
Admitted during the year,.....	63	74	137
	<hr/>	<hr/>	<hr/>
	236	229	465

Discharged :

Recovered,.....	73	
Improved,.....	11	
Not Improved,.....	11	
Died,.....	35	
	<hr/>	130

The year has been a favorable one, with the exception of the prevalence of a severe form of dysentery during the months of August and September. Ninety-three patients were attacked, and of these, sixteen, mostly old and incurable cases and laboring under bodily infirmity, died. Nearly all the attendants and assistants were attacked, but recovered.

While repeating the important advice, that patients should be early placed in some proper asylum—that the prospect of recovery is thus greatly enhanced—that of those placed at the asylum within six months from the attack, nine-tenths have recovered, Dr. Rockwell adds, “There is one class of cases, which are frequently sent too early to a lunatic asylum, I mean that of puerperal cases. We have repeatedly had women brought to the asylum in less than two weeks from their confinement. Some of them recovered very soon, but would probably have recovered as well had they remained at home. Others have died, apparently from exhaustion, who might have recovered, had it not been for the exposure and fatigue of the journey.”

The benefits of alternate employment and relaxation have been found highly advantageous.

4. We are most happy to learn that in compliance with the earnest applications of the Board of Commissioners and the Superintendent, the legislature of the Province of New Brunswick granted in April of this year, the sum of £5,000 towards enlarging the Asylum buildings. The present report is dated January 1, 1852.

There were remaining, January 1, 1851, seventy-five old cases, and twenty-one that had been admitted in 1850. Of these there had been discharged :

	Old Cases.	Recent ones.
Recovered, .....	6	6
Much improved, .....	1	3
Improved, .....	1	1
Unimproved, .....	1	0
Died, .....	2	3
Remaining, .....	64	8
	<hr/> 75	<hr/> 21

In 1851, 67 patients have been admitted, and of these there have been discharged, recovered 19, much im-



proved 3, improved 6, unimproved 1, died 11, and 27 remain.

“The rate of mortality has been unusually high, but that circumstance arises partly as a natural result of the low rate of last year, but principally from the fact that the Institution has been sought as the receptacle for a large number of persons worn out with complicated diseases, where insanity existed a symptom ; such persons becoming troublesome as well as a burden, their friends commit them to our care, believing that we have greater facilities than they to make them comfortable.

“Of this it is neither my business nor my disposition to complain. I believe that an asylum is fulfilling its benevolent object as legitimately when it is devoted to the care and nursing of the sick and the dying, as it is when it is sought as a place of restraint and of treatment for the violent but curable lunatic.”

With such views, we rejoice that Dr. Waddell has now a fair prospect before him of carrying out the important improvements shadowed forth in the present and previous report.

5. Dr. Nichols in his annual report confines himself to statistics merely.

	Males.	Fem.	Total.
Remaining December 31, 1850,.....	50	60	110
Admitted during 1851,.....	43	52	95
	<hr/> 93	<hr/> 112	<hr/> 205
Discharged recovered,.....	17	26	43
Improved, .....	9	11	20
Unimproved, .....	7	2	9
Died, .....	6	5	11
	<hr/> 39	<hr/> 44	<hr/> 83

The causes of mortality are precisely such as we are led to expect will occur in asylums, epilepsy in three



cases, serous apoplexy in two, senile dementia two, and tuberculous disease two.

From the annual report of the Governors, we copy as follows: "The attention of the present (Visiting) Committee and the Board of Governors has been especially drawn during the past year to the subject of further improvements, and in particular to the importance of having more ample facilities for a more complete classification of the patients.

"The erection of two large separate buildings in former years had made a considerable advance in this respect, by separating the noisy and violent from the rest. But it has seemed highly desirable to carry out this principle with still greater efficiency.

"Other improvements have been suggested by the experience of this and similar establishments, and at a recent meeting of the Governors during the present year, the Asylum Committee were instructed to prepare and report to the Board, such plans and estimates of additions to the asylum buildings, and such improvements in their arrangements as may best carry their views into effect. The Governors are anxious to effect these objects and believe they can be accomplished during the present year."

Since the coming in of this report, Dr. Nichols has resigned his situation at Bloomingdale. We hope, however, that his talents and experience will not be lost to the cause of humanity.

6. The ninth Annual Report of the *New York State Lunatic Asylum* for the year ending November 30, 1851, presents the following statistics:

	Males.	Fem.	Total.
Remaining, .....	202	227	429
Received during the year, .....	185	181	366
	<hr/> 387	<hr/> 408	<hr/> 795

The building is filled to its utmost capacity. Forty-seven cases for admission have been refused during the year; sixteen from other States, and thirty-one, all however, of the private class, from our own State. Of the admission 99 were paupers, 114 indigent, 10 criminal, and 143 private. Again, of those sent as paupers, 70 were recent and probably curable, 29 doubtless incurable. Of the indigent, 8 were received who had been insane more than a year. It is scarcely possible, (we can speak from experience,) to have the law in this respect perfectly executed.

Of the criminal class, admitted this year, 7 were from Auburn State prison, 1 from Sing Sing prison, and 2 from county jails, one of the latter awaiting trial, the other acquitted on the ground of insanity. "Last year," says Dr. Benedict, "we received eight from Auburn and two from Sing Sing. There must be some cause for this striking disproportion in the frequency of insanity in these two prisons. Every incurable prisoner admitted becomes a life member of our family, and the accumulation of past years now gives us a criminal population of thirty-three. The usefulness of the Asylum as a curative institution, as well as common humanity, demand that these facts should not pass unnoticed."

It has been found necessary to procure the removal of incurable cases, which will explain the large number given under that division.

There have been discharged

	Males.	Fem.	Total.
Recovered,.....	58	54	112
Much Improved,.....	9	6	15
Improved,.....	19	32	51
Unimproved,.....	57	77	134
Died,.....	24	24	48
	<hr/>	<hr/>	<hr/>
	167	193	360

And there remained at the close of the year,

435.



“There are also now in the institution, sixteen, who are well, but remain, to confirm their convalescence.— This precaution we consider so essential to permanent recovery, that we not unfrequently retain patients for months after they seem permanently well. Occasionally we feel obliged by the incessant importunities of unreasonable friends, to consent to a premature removal, but are glad to be able to report this annoyance as diminishing. As people become more enlightened on this subject, they trust less to their own judgment. Patients generally co-operate cordially in these precautionary measures, and spend the time of convalescence contented and happy.”

“The perfection and permanency of recoveries is not unfrequently a cause of doubt and anxiety. Of the 1,300 recoveries of the past nine years, 206 have been re-admissions. Of the 51 re-admissions, 11 were persons who had been discharged well in 1850. Two of these 11 were discharged as recovered in 1846 and 1847, one in 1847 and 1849; one in 1846; two in 1849, making in 11 persons 20 recoveries and 31 admissions. No one discharged recovered, since November 30, 1850, has yet returned.”

These frank explanations by Dr. Benedict, indicate a fallacy which must frequently enter into statistical tables, unless this subject be noticed in a separate statement.

It is also mentioned, in explanation of the smaller number of recoveries reported this year, that all the cases of insanity from intemperance, from epilepsy, from general and gradual impairment of the faculties by age, and paroxysmal cases, though leaving the institution “well,” have been arranged under the head of “*improved*” instead of “*recovered*.” There is no certainty that any of these cases will remain permanently well. “It is only after a fair exposure to the temptations and disturbing cares of the world, that the result can be known.”



The ratio of sickness and death is also less than in former years. There have been 41 cases of dysentery, and of these 6 deaths; 55 cases of diarrhœa, and one death, and 24 of erysipelas, and 3 deaths. Ten have died of chronic and one of acute mania; 5 of epilepsy, and 5 have committed suicide. All these last, except one, were by suspension from the window bars. "To guard against such accidents, we have now adapted to a part of them, sash locks, which secure the window from being opened and exposing the bars."

The forms of derangements are in the usual proportions. We note however that under the head of *moral insanity*, but a single case has occurred.

The ages of more than two-thirds of those admitted during the year, vary from 20 to 45. "Our youngest patient at this time in the house is 11, and the oldest, 94 years of age."

The occupations and causes exhibit the usual variety. Thus, of the former, (336 being the whole number,) a large proportion are inventoried, as follows :

Farmers, .....	51
Laborers, .....	37
House Keepers, .....	93
House Work, .....	65
	<hr/>
	246
	<hr/>

The Asylum has now been occupied for nine years, and while many repairs have become absolutely necessary, the Medical Superintendent and the Managers strenuously urge the importance of improving the means for heating and ventilating. We are happy to add that the Legislature have authorized the commencement of this, by an appropriation of twenty thousand dollars, at its last session.

Most of our readers are probably aware that a Monthly Newspaper entitled "THE OPAL," is edited exclusively by the Patients. Of its popularity, and certainly, of its extensive diffusion, the report contains some curious details. From the year's proceeds, at 50 cents per annum, 650 volumes, standard works, have been purchased as a nucleus for a "Patient's Library." "It receives in exchange, two hundred and twenty weekly publications, 4 semi-weeklies, 8 dailies, and 33 monthlies, and the list is still upon the increase."

"Plays, tableaux, theatrical exhibitions, fairs, were frequently repeated during the year. These amusements are more generally enjoyed by our household than any other pastime. A limited number have enjoyed excursions. Several parties visited Trenton Falls; three parties, Niagara Falls, some the State Fair at Rochester, and returned by way of Seneca and Cayuga Lakes, and the Erie Railroad. Scarcely a concert given in Utica, from Jenny Lind's down, to which we have not sent a delegation, and the religious, scientific and literary lectures with which our city is abundantly favored, have been equally well attended."

7. At the *Pennsylvania Hospital for the Insane*, there were at the date of the last report,

Remaining,.....	213
Admitted,.....	204
	<hr/>
	417

There were discharged during 1851,

Cured,.....	107
Much Improved,.....	13
Improved,.....	32
Stationary,.....	23
Died,.....	26
	<hr/>
	201



“The premature removals have this year been less frequent than heretofore reported, and there is reason to believe that the importance of persevering in a course of treatment for insanity is beginning to be more generally understood.”

We select from Dr. Kirkbride's Report the following interesting notices :

“EVENING ENTERTAINMENTS AND INSTRUCTION OF PATIENTS.—The full course of evening entertainments combined with the instruction of the patients, which is now a part of the regular treatment in this Hospital, has been fully carried out during the year. This course consists of a lecture, with or without special illustration, the exhibition of dissolving views, with explanatory remarks and music, or of music alone, three times every week, during nine months of the year. During the same period, the teachers read to the patients in the more excited wards, every evening, and in some others, from which the patients generally resort to the lecture-room, on those evenings when there is no regular entertainment.

“During the warm weather, while there is an intermission in the lecture-room exercises, pains are taken to have frequently some amusement for the patients, on the lawn in front of the Hospital.

“This whole arrangement has now become so fully a part of the discipline of the Institution, that no part of it could be dispensed with, without materially impairing its usefulness. The dull monotony of long winter evenings, and the cheerless aspect of many of the lower wards of a Hospital, when the patients are allowed to choose their own mode of passing the time, is often as unpleasant and repulsive as can well be conceived. The interest felt in the lecture room by most of the patients has always been great, and its good effects have been unquestionable.”

After mentioning that the supply of water during the year has been greatly increased, he proceeds to say ;

“In connection with this subject, it may not be amiss to refer to the *means of preventing and extinguishing fire*, which are of such grave importance as to deserve the earnest attention of all who have any control over hospitals for the insane. It is well known that fires have frequently occurred in such institutions, even when under the direction of most vigilant and competent officers, and in at least one such instance, resulted in consequences of the most disastrous character. Ordinarily, the greatest danger to be apprehended from fire in such establishments, is not so much that the inmates may be burned, as from suffocation ; and of course, their safety consists especially in well-devised plans of prevention, or, if that cannot be, of prompt detection, with abundant means, always in order, for immediately extinguishing it. To effect these objects properly, the subject should be prominent in the minds of those who originally control the character of the edifice, quite as much as of those who are subsequently to manage it. It would seem to require little argument to prove, that all such buildings should be made as nearly fire-proof as cir-



cumstances will permit. If it is not deemed admissible to arch them, throughout, other expedients should be adopted to prevent the rapid spread of fire, and to expedite the escape of the inmates. All the stairways should be of iron or other indestructible material, ample in size and number; the roof should be of metal or slate, and arrangements should be made at different points by which, if a fire does occur, it can be confined to one section of the building. There should also be a mode provided, by which, if at such a time smoke should enter the air-chambers below, it could be prevented from rising through the flues in a dangerous amount to the wards above.

"All such establishments should be warmed by fresh air passed over steam or hot-water pipes in air-chambers in the cellar, with the boilers placed in a building entirely detached from the main structure, and some distance from it. This mode of heating, carried out in the way suggested, will, of itself, remove the greatest source of accidents from fire in public institutions. No matter how the flues may be made, nor how near the joist may approach them, there can then be no risk from this common cause of fire.

"In every hospital for the insane, there should be a night watchman and watchwoman, going on duty before the attendants retire at night, and not leaving the wards until they are again up in the morning. So much for prevention. In case an accident should happen from unforeseen causes, as we all know is possible with the utmost precaution, every thing then depends upon those employed about the premises being properly drilled to act promptly and coolly in every emergency. There should always be the following resources: Reservoirs in the highest part of the building, left full at night, capacious cisterns for rain water beyond the building, at such points as will be most convenient for conveying water to its different sections; a fire-engine, capable of throwing water to the highest point of the building, and several hundred feet of hose, through which water may be forced from the cisterns to any part of the structure that is exposed to accident."

We must also call the attention of such as are either building or improving asylums, to Dr. Kirkbride's observations on steam heating and its manifold advantages.

#### 8. In the Friends' Asylum at Frankford, there were

Remaining, March 1, 1851,.....	43
Admitted, .....	44
	—
	87

Of these there were discharged,

Restored, .....	14
Much Improved, .....	3
Improved, .....	3
Stationary, .....	9
Died, .....	6
	—
	35

We gather from Dr. Worthington's Report, that many of the cases admitted were chronic ones, and with a considerable proportion, amendment can only be looked for.

The following remarks are interesting :

"There appears to be a belief prevalent in the community, that a person having once been the subject of an attack of insanity, can rarely be restored to entire mental soundness, and it has been objected to the statistics of Hospitals for the Insane, especially to those portions of them which show the number of recoveries, that they represent merely matters of opinion, about which judges of equal acuteness and experience would arrive at different conclusions, as if there were an inherent difficulty in determining in any given case, whether the patient had been restored to his original mental condition, or whether there was not still remaining some lurking unsoundness. This belief appears to be founded partly on the consideration of the number of patients who are re-admitted into Hospitals, the inference being drawn from the fact of their having suffered a second attack, that the first must have left behind it some change in the structure of the brain, or some weakness of the organ which has prevented it afterwards from acting with its original integrity, and predisposed it to future attacks of disease. But from any knowledge that we possess of the nature of the affection of the brain giving rise to mental derangement, there can be no ground for supposing that the disease during its merely temporary continuance, produces any structural change, except in those cases in which insanity is the result of *inflammation* of the brain or its membranes. In cases in which insanity returns after having once been removed, it would seem to be more in accordance with what we know of the nature of the disease, to attribute the renewal of the attack to a constitutional cause, or to defective organization. Persons who are subject to these attacks are generally of weak or ill-balanced minds, are seldom capable of attending properly to the ordinary duties of life, and under the influence of any over exciting cause, and, indeed, frequently without any proximate cause that can be discovered, are rendered temporarily insane. But in the majority of cases, when this constitutional predisposition is wanting, there appears to be no reason for doubting the entire restoration of the patient when once the symptoms of disease have disappeared, nor for apprehending a second attack, provided proper precautions are taken to avoid exciting causes."

9. The statistics of the *New Jersey State Lunatic Asylum*, are favorable. There

	Males.	Fem.	Total.
Remained Jan'y 1, 1851,.....	86	76	162
Admitted during the year,.....	50	52	102
	—	—	—
	136	128	264
	—	—	—
	Paupers.	Indigent.	Private.
As to pecuniary circumstances, there were	73	113	78
	—	—	—



There were discharged during the year,

	Males.	Fem.	Total.
Recovered,.....	22	15	37
Improved,.....	22	17	39
Stationary,.....	2	6	8
Escaped,.....	1	0	1
Died,.....	4	4	8
	<hr/> 61	<hr/> 42	<hr/> 93

“The number of recoveries have been as great as could be expected, considering that so many of the patients under care have been subjects of disease, from periods varying from two to twenty years and upwards. The number of deaths have been very few, and indicates to how great an extent the inmates of the institution have been spared from attacks of malignant and severe disease.”

Dr. Buttolph's report is principally occupied in recommending an increase of the fixtures for the supply of water, and in expressing his satisfaction with the introduction of gas, but above all in advising an enlargement of the building, so as to make the proper separation of the noisy and violent classes, from the quiet and harmless, as well as to improve and perfect the classification of all. We hope that he has been or will be successful with the legislature.

10. The Official Report of the *Board of Visitors of the Maryland Hospital*, contains statements of the condition of that Institution for two years, in 1850 and 1851.

	Males.	Fem.	Total.
Remaining, Jan'y 1, 1850,.....	64	69	133
Admitted during 1850,.....	25	15	40
Admitted during 1851,.....	19	17	36
	<hr/> 108	<hr/> 101	<hr/> 209
	<hr/>	<hr/>	<hr/>



## Discharged :

			Males.	Fem.	Total.
Recovered,	1850,	14	17	15	32
“	1851,	18			
Improved,	1850,	7	12	5	17
“	1851,	10			
Unimproved,	1850,	5	7	7	14
“	1851,	9			
Died,	1850,	6	9	7	16
“	1851,	10			
			—	—	—
			45	34	79
Remaining, Jan'y 1, 1852,.....			63	67	130

Dr. Fonerden, in each of his Annual Reports, urges the necessity of additional arrangements, for the reception of the Insane. There are conveniences, if due regard be had to the comfort and government of the inmates, for not more than sixty-five public patients, and yet the average number remaining greatly exceeds this. The manner of heating also requires improvement and extension, and a larger supply of water is necessary.

We are glad to observe that in this, as well as in several others of the Annual Reports, the propositions unanimously adopted at the late meeting of Medical Superintendents, as guides in the erection of asylums, have been reprinted for general information. Our readers should be informed that they have met with the almost unqualified approbation of the leading Irish Medical Journal (*The Dublin Quarterly Journal of Medical Science*.)

In the Appendix, some pages are devoted to “Notes relating to the History of the Maryland Hospital,” and to a catalogue of a commenced library of works on Insanity and its allied subjects of study.

11. The thirteenth Annual Report of the *Ohio Lunatic Asylum* is by far the most elaborate of any of the current year. It extends through 96 octavo pages, and with our limited space we can scarcely do proper justice to its contents.

The Directors, in their report, state that during the last year upwards of 200 applications were denied. They unite in recommending the erection of additional asylums, one in the Northern, and the other in the Southern part of the State. They urge the propriety and necessity of making improvements in the mode of heating and ventilating the Asylum, and present the statement of a committee of their body, deputed to visit similar establishments in the East, in favor of the same. "The success of the new method as afforded by the New-York Hospital, leaves nothing to be desired. 330,000 cubic feet of rooms are agreeably warmed and thoroughly ventilated at a very small expense compared with all former methods, and the cost of the improvement was \$9,319, over 20 per cent of that sum having been expended in making the extensive alterations required."

"For the Ohio Asylum, no other plan can secure so many advantages to the inmates, and so much safety and economy to the Institution."

The Report of the Directors is followed by an official return of the number of the Insane and Idiotic in the State of Ohio, abstracted from the Census returns of June 1850, and furnished by Mr. J. C. Kennedy.

	Males.	Fem.	Total.
Insane,.....	706	645	1,351
Idiotic,.....	799	600	1,399
Population,.....			1,981,940

As usual, these numbers are deemed to be below the actual existing cases.

The statistics of the Asylum are as follows :

	Males.	Fem.	Total.
Remaining November 16, 1850,.....	170	148	318
Admitted during the year,.....	133	150	283
	303	298	601



Of those last admitted,

102 were of more than a year's duration.

181 " " less than a year's duration.

-----  
283

Discharged :

	Males.	Fem.	Total.
Cured,.....	77	86	163
Improved,.....	30	16	46
Unimproved,.....	27	24	51
Died,.....	19	21	40
	-----	-----	-----
	153	147	300

"Five died of exhaustion during the first stages of acute mania.—Five were brought in dying."

We make the following selections from the Report of Dr. S. Hanbury Smith, the Superintendent.

"IMPORTANCE OF THE SUBJECT OF INSANITY BEING MORE GENERALLY UNDERSTOOD.—When that very desirable time arrives, that the State shall expect the physicians having in charge her Medical Benevolent Institutions, to exert themselves in diffusing a knowledge of the special branches of the healing art which may be cultivated in them—when the *mystery* in which the subject has been needlessly—it is to be feared purposely—shrouded, shall have been dissipated,—when, as has been so long and advantageously practiced in Continental Europe and Great Britain, the medical officers of State Lunatic Hospitals shall publicly lecture on mental disorders, and instruct a select class of advanced students—when a knowledge of the nature and treatment of insanity shall be looked upon as indispensable to the well educated physician, and colleges shall make the possession of that knowledge a condition necessary to the obtaining of a diploma—then will establishments like this, mainly intended for the *cure of mental disorders, not the custody of the incurably insane*, cease to have their wards filled with hopeless cases—patients will neither be hurried off to die on the road or immediately after their reception in the Asylum, nor be kept at home until their cases have become hopeless. A knowledge of the nature and treatment of insanity at all commensurate with the vast importance of the subject to society, would enable medical practitioners to decide, in general, which were fit subjects for such an institution as this, and which ought to be confined in a county infirmary, or might more properly be provided for by friends. During the past year not less than twenty-three persons were received, perfectly quiet and harmless, but in whom intellect was utterly extinct. In most of these cases, the applicants for their admission have not doubted but that a short residence with us would effect a cure. Alas ! we can not work miracles. Every one of these twenty-three might almost as well have been taken care of at home, or in a county infirmary, instead of occupying room which might, to so much more advantage to the State, have been filled by others.

And if too, the subject of insanity were a little—but a little better understood by people in general, the condition of the same would soon



be much ameliorated. Better and more accommodation would speedily be provided. Those who could not be received into the larger hospitals, would be treated more kindly and rationally so as but rarely to allow them to sink into that extremity of degradation which now so often shocks and disgraces humanity. But more, and better than all these, some causes of insanity would be avoided, many would be circumscribed in the action, and a progressive diminution in the proportion of insane to population, would relieve the painful anxiety with which the philanthropist can not but contemplate the present rapid and alarming rate of increase in that proportion. What number would fly the course they are now following, did they but know that ungoverned appetites, uncontrolled emotions, feverish excitement, or excessive toil, whether in pursuit of knowledge, worldly wealth, or worldly fame, would bring them within the walls of a lunatic asylum—some to leave it no more—some to leave it sadder and wiser men—some, in the lapse of time, to exchange its friendly protection for a prison or a poor house.”

“PROVISION FOR INCURABLES.—The idea of providing asylums for incurables—mere custodial mad-houses—will, it is to be hoped, never be seriously entertained. Such are mere pretences of philanthropy—the base coin of benevolence. Every Insane Hospital should be in charge of a Medical Superintendent; a physician well acquainted with the science of his profession, and of large experience both in general practice and in the treatment of mental disorders. Does any one suppose that such a man would take charge of an asylum for incurables, where there would be but a remote chance of amelioration in some few cases to awaken his energies or call forth his skill? Assuredly not. It requires all the healthy stimulus of a fair per centage of cures, to insure the good treatment of patients in an Insane Hospital—the physicians require it, the nurses require it, the servants of the institution require it, and the patients themselves require it. No amount of control or inspection will secure the best treatment of the incurable, unless they be mixed up with the curable, in the same establishment, then both will be treated alike. In a well managed hospital they do no harm, on the contrary, often much good, and make themselves useful in many ways to the violent, the very sick and the convalescent, not to mention that they are commonly the best workmen. To the kindness, assiduity and gentleness with which they attend other patients who may be unusually suffering, every medical officer of an insane hospital can bear witness. While good policy prompts the immediate provision of the means of curing the curable, strict justice demands that those who have been condemned to hopeless lunacy, for want of that provision, should not be abandoned to a harder fate than that of irreclaimable criminals, but share the benefits they have as good a right to, as their less afflicted fellow sufferers.”

We should be very happy also to quote Dr. Smith's views preferring Public Establishments to Private ones, but must omit these in order to do some justice to the Medical part of the Report.

"During the whole year, the household did not suffer from any affection of an epidemic character, if I except a dysenteric diarrhœa, in the month of September; and the cases then were so few as barely to have marked the character of the prevailing constitution.

"The asthenic character of disease, now becoming so marked in the great Western Valley, has been singularly prominent in the cases received last year. In no one was the idea of depletion entertained for an instant, by any of the medical officers of the institution; and those who had lost blood previously to their admission, proved exceedingly difficult to restore, sank into hopeless dementia, or died. It must now be considered as a settled thing, that during the continuance of the present asthenic epidemic constitution, depletion is exceedingly hazardous, and commonly contra-indicated, in insanity; and in the very same forms of disease in which blood-letting was formerly so freely practised, the liberal use of stimulants, is now required, tolerated, and proves eminently curative. So marked is the necessity of stimulating, that the persons bringing patients to the Asylum, observing the real debility which was merely masked by excitement, administered wine or spirits, with the effect of diminishing instead of increasing violence, and observed that but for such practice, they did not believe that the insane person would ever have reached Columbus alive. In many cases a physician was consulted, who advised the proceeding; in some it was prompted by common sense. One patient, as mentioned in another place, died on the road, of exhaustion; four were carried in dying, and speedily sank; many rallied with difficulty."

"**MORAL INSANITY.**—Seven cases of *moral*, or as Dr. Benedict has it, 'more properly *immoral*,' *insanity*, have been received. In one, the disorder was hereditary, merged into melancholia, and proved fatal. In one, it was also hereditary, and of very long standing, was cured; but some time after, returning to old habits, I have been informed the disease has returned.

"In all the cases of 'moral insanity,' the disease commenced with inordinate and unchecked self-indulgence, and I am firmly convinced might have been prevented by proper moral training.

"Among the cases of chronic dementia, I have included, for convenience sake, one of that form of disease which is still so rare in Western Hospitals for the Insane, and not so common in Eastern as it is in Europe; I mean 'general' or 'progressive paralysis.' From its comparative rarity I am induced to give a skeleton history of the case.

"No. 1611, married man, preacher, fifty-two years of age, insanity said to be hereditary in the family. Rather more than two years previous to his admission, this gentleman was obliged to give up preaching, in consequence of increasing difficulty of utterance, and loss of memory, together with a certain dullness of mind. Sitting on a log one day, he fell off, in what was, doubtless, an apoplectic fit, after which, and for six months previous to his admission, he had grown worse, in every respect. Among peculiarities very characteristic of this form of disease, may be mentioned, that on meeting a friend, he would shake hands, greet him kindly, &c., and then go through the whole performance a second and even a third time, apparently quite forgetful of the fact of his having



already done so. He grew irritable, quarrelled with his relations, especially his wife; his whole manner changed, he often grated his teeth, the difficulty of speech increased, at times he could not urinate. When brought to the Asylum, he was obliged to be carried up stairs; there was complete retention of urine, requiring the regular use of the catheter; the bowels were obstinately costive, never moved, except by injection. No purgatives produced any effect, except their action was assisted by injections. The tongue was large, flabby, and tremulous; appetite good, but could not swallow solid food. The senses were obtuse, and there was a general loss of muscular power, amounting, in the lower extremities, almost to complete paralysis. There was incoherence, and great slowness of apprehension and of memory. Steadily, and with frightful rapidity, the powers of body and mind decayed, until he became perfectly fatuous, and died in just one month after admission."

"PUERPERAL INSANITY.—37 out of 108 married or widowed females admitted, had become insane, directly or indirectly, in consequence of child-bearing; and 25 of the cases were *puerperal*. The proportion is enormous; more than double the highest I am acquainted with. Esquirol reports the proportion of puerperal cases to the number of female patients admitted into the Salpêtrière during four years, to have been about 8 per cent.; the proportion admitted into the Ohio Asylum last year, is upwards of 16 per cent. on the admissions of females."

"Now, viewed in its relation to the increase of insanity in general, this increase of the puerperal form of it is of very great importance; for in a large proportion of cases, some derangement of mind, from mere unusual irritability of temper up to absolute delirium, is observed during pregnancy; *the evil is not confined to the mother*, but it is abundantly proven that *a predisposition to insanity is thus transmitted to the offspring*, and from this source alone, is the amount of mental disease in a community, much increased. There is reason to believe that the number of cases of puerperal insanity occurring in Ohio is much greater in proportion to her population than it is in France. Supposing all things else to be alike, this one circumstance would explain why there should be so much more insanity in Ohio than in France. Though in reality, however, only one of many causes, it doubtless does exert powerful influence not commonly known or even suspected.

"No ailment of the pregnant woman should be slighted or disregarded. If there be evident disease or disorder, it should promptly be removed or remedied. Headache or a fevered condition generally betokens disorder of the digestive organs or functions; and if that is the case, the mind will be very apt to partake more or less of the derangement. Cutaneous eruptions may disappear, customary discharges be suppressed, ulcers and issues heal; and if any symptom of mental disturbance follow, they must be reproduced, or other outlets and sources of counter-irritation be established.

"It is more difficult, but not less imperative, rightly to treat the psychological disorders of this condition. Whatever the unusual phenomena—from the merest whims up to the most perverted tastes—from simple caprice to outbreaks of temper or maniacal violence—from peevishness and pouting to sullen and morose ill humor—from singularity of conduct



to undoubted derangement of mind—one common system of management must be pursued, namely, to meet the evil habitually with patient kindness; more rarely, and at judiciously chosen periods, to reason with the sufferer, and to explain that *the duty of a mother commences long before the birth of her child*, and that if she does not control to the uttermost her temper and desires, she may live to see her offspring in a mad-house; to soothe, encourage, and console; to call in the aid of religion; and—more especially in the puerperal state—if possible, to prevent all sudden and violent emotion.”

“**EAR DISEASE.**—In a communication lately read to the Royal Medical and Chirurgical Society, Joseph Toynbee gave the particulars of sixty-five cases of disease extending from the ear to the brain. It is especially that every day complaint, chronic catarrhal inflammation of the mucous membrane of the tympanum—one of the several distinct affections to which the common term *otorrhea* is applied—which most frequently leads to disease of the most important parts. True it may exist for many years without extending to the brain or its membranes, but the mere possibility of its doing so should arouse the fears and watchfulness of the physician, who would do well to investigate these diseases a little more seriously. This is the more called for, as disorganization may be slowly going on in the temporal bone, the cerebrum or its meninges, without the existence of a single symptom likely to draw the attention of the practitioner to the fact, except discharge from the external ear; and yet so great is the danger, that a slight blow on the head, a febrile attack, especially if of a catarrhal nature, and erysipelatous inflammation, too slight to be feared under ordinary circumstances, may develop symptoms of acute cerebral or meningeal disease, that will generally prove fatal. . . . Not less than seven cases of insanity, connected with disease of the ear, have come under my notice during the past year.”

“**CHLORATE OF POTASH.**—A long experience of the great value of the preparations of chlorine in adynamic conditions, caused by or accompanied with a presumably *septic* change in the blood, have led me to make trial of them in those forms of mental disease associated with an unusual lividity and coldness of the lips, hands, and sometimes tip of the nose, evidently due to an embarrassed capillary circulation, and that, as I conceive, ascribable to some such morbid condition as that above mentioned. In such cases, the chlorate of potassa is the preparation I prefer, and the observations of the last year have fully confirmed the opinion of its value which I entertained. Again and again has its use corrected the condition of the circulation in question, when all other means had been tried in vain, speedily removing or diminishing the lividity, coldness and sluggish movement, with a corresponding improvement in the health of body and mind. I commonly prescribe it in doses of two or three grains, quickly increasing to ten or more, dissolved in two or three ounces of camphor water, three or more times a day. Occasionally, it may with advantage be administered in infusion of valerian, arnica, or indeed in combination with almost any other medicine indicated.”

To those who are in possession of this report, we further recommend a careful perusal of the sections headed

*High moral tone of the Establishment indispensable. Impropriety of deceiving the Insane. On the Treatment of Patients after they return home cured.*

12. Dr. Galt, Superintendent of the *Eastern Asylum* at Williamsburg in Virginia, furnishes the following statistics :

	Males.	Fem.	Total.
Remaining October 1, 1850, .....	115	78	193
Admitted during the year, .....	29	16	45
	-----	-----	-----
	144	94	238
	Males.	Fem.	Total.
Discharged, .....	12	9	21
Deaths, .....	18	5	23
Eloped, .....	1	0	1
Remaining October 1, 1851, .....	113	80	193
	-----	-----	-----
	144	94	238

#### Length of time in the Asylum :

From 20 years and upwards, .....	6	5	11
From 10 to 20 years, .....	22	10	32
From 5 to 10 years, .....	21	26	47
From 2 to 5 years, .....	28	23	51
From 1 to 2 years, .....	33	10	43
Less than one year, .....	34	20	54
	-----	-----	-----
	144	94	238

Additional tables are subjoined, and amongst others, a continuation of the "Physiological Register," showing the weight, height, pulsation and respiration per minute, color of the eyes and of the hair, temperament and complexion of each patient.

We copy Dr. Galt's observations on the term *lunatic*, and on the utility of occupation for lunatics :

"One of the first questions which visitors are prone to ask concerning inmates of an asylum, is as to what gave rise to the mental disturbance in each particular patient : and they often appear to anticipate, as a matter of course, a decided and satisfactory reply. But in truth, from the very nature of things, and apart from all experience in this direction, the question is one of difficult character. And too often the assigned origin is only an instance of what the logicians term the '*non causa pro causa*.'"



An example of this is perhaps displayed in the supposed influence of the moon over the victims of an unsound mind. This is a notion which has been current for a long period and amongst many nations. We find the word '*lunatic*' to have synonyms in various languages, both ancient and modern, derived from the same idea. The hypothesis has probably arisen from the fact that lunatics, like the sane, find it in general easier to sleep in a dark room than in one in which there is a light; and the mentally affected, whilst so kept awake, careless of disturbing persons in their vicinity, are apt to exhibit noise and other symptoms of insanity, which are common with them during the day. And the attention of their friends has been called to the circumstance, from their having thus been disturbed. Haslam says, that 'as insane persons, especially those in a furious state, are but little disposed to sleep, even under the most favorable circumstances, they will be still less so when the moon shines brightly into their apartments.' Burrows has the following remarks in this relation: 'Undoubtedly,' says he, 'many diseases observe a certain periodicity; and it is not improbable that the paroxysms of violence among lunatics confined in large asylums are actually increased at the period of the full moon; but even if so, this is susceptible of a natural explanation: maniacs are in general light sleepers; therefore like the dog which 'bays the moon,' and many other animals remarked as being always uneasy when it is at the full, they are distracted by the flitting shadows of clouds which are reflected on the earth and the surrounding objects. Thus, the lunatic converts shadows into images of terror, and, equally with all whom 'reason lights not,' is filled with alarm, and becomes distressed and noisy. I believe that the moon in no other way affects the insane.' We have always observed that the patients in this asylum are much more inclined to be noisy on moonlight nights than at any other time."

"With regard to occupation, nothing new has been recently added to former methods, either mentally or bodily, which is worthy of particular notice, with the exception of schools in lunatic asylums. These have been recently established in some of such institutions. Dr. Conolly, the able physician of the manimoth establishment at Hanwell, near London, in concluding an article describing a visit to the Salpetriere and Bicetre, near Paris, makes a very commendatory mention of the schools in those institutions: he observes in conclusion: 'If no other end were answered by the formation of schools, they ought to be established as recreative, palliative, remedial even, in every asylum.' Dr. Brigham has remarked with great sagacity, that 'the want of proper mental occupation according to our observation, is one of the most pressing wants of lunatic asylums. Notwithstanding amusements and labor, many [patients] are disposed to sit still, absorbed in their own thoughts and delusions, and thus continuously becoming worse. Schools we believe will do much towards remedying the evil to which we allude.' The commonwealth of Pennsylvania has lately fulfilled her duty to the suffering insane within her borders, by the erection of a state lunatic hospital near Harrisburg. In the by-laws of that institution, we observe with much pleasure a provision to the effect that the 'superintendent may employ one male and one female teacher for the instruction of the patients.' Scholastical exercises in an asylum serve as a pleasant daily



employment, relieving the monotony of a little varying routine. Considered as a revulsive measure, occupying the mind to the exclusion of false notions and morbid feelings, they serve in the same way as other measures to dissipate the symptoms of mental disease. They also answer to keep the minds of the demented and the epileptic from sinking into a deeper state of imbecility. They are something too to look forward to and advantageously occupy the insane mind in this regard. There are patients who care little when well for amusements, and who either have not been accustomed to bodily toil, or dislike it. In such an event the exercises of a school constitute an additional resource in enabling us to carry out fully the general principle of moral revulsion with as many of our inmates as possible. The remarks and social intercourse which they tend to produce between patients, thus diverting their attention from a pernicious mental abstraction, are also worthy of mention. During the past year in this asylum, we have had these exercises in daily and unbroken operation. As at Hanwell, the chief modification of mental action adopted has consisted of reading classes. The results have been quite satisfactory."

13. The *Pennsylvania State Lunatic Hospital* was opened for the reception of patients on the 6th of October, 1851, and between that and the 31st of December, thirty-seven patients were admitted, of whom 24 were males, and 13 females. Of these one died, viz: a person who had long labored under epilepsy and whose death was occasioned by a succession of convulsions without intermission for nearly forty-eight hours.

The form of insanity was as follows:

Mania, acute,.....	9
"    chronic; .....	3
"    epileptic,.....	5
Monomania,.....	4
Melancholy,.....	10
Dementia,.....	6
	—
	37

The duration of insanity before admission is thus stated:

Less than one year,.....	17
From one to five inclusive, .....	15
From six to fifteen years, .....	5
	—
	37

The remainder of Dr. Curwen's report is occupied with a narrative of the steps taken from time to time, to

found the State Asylum, and the incidents connected with its completion. A minute description is presented of the building and its divisions and accompaniments and of its surrounding grounds. It is in a great degree worthy of the commonwealth of Pennsylvania. The act of incorporation, by-laws of the institution, and forms of admission make up the rest of the pamphlet.

14. The *New Hampshire Asylum* for the insane has during the past year received a munificent bequest from the late Abiel Chandler, a native of New Hampshire, although a resident of Boston, valued at \$25,000. We infer from the report of the trustees, that all injuries of buildings caused by the late fire have been repaired. They also state that Dr. McFarland, the present Superintendent has been absent, by leave of the Board, during the past year, on a tour of inspection of the principal hospitals for the insane in Europe, and that during his absence the institution was under the immediate and approved care of the assistant physician, Dr. William B. Stevens.

Dr. McFarland presents the following tables :

	Males.	Fem.	Total.
Remaining May 31, 1850, .....	69	58	127
Admitted during the year, .....	44	44	88
	113	102	215
Discharged :			
Recovered, .....	31	14	45
Partially recovered, .....	14	11	25
Not improved, .....	7	9	16
Died, .....	2	10	12
	54	44	98

There is also a table showing the number of admissions during each month, since the opening of the Asylum in 1842. The total of patients during the ten years has been 816.



January,....	80	July,.....	81
February,...	47	August,.....	59
March,.....	50	September,...	59
April, .....	80	October,.....	68
May, .....	84	November,...	62
June, .....	62	December,...	76

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 816

In continuing our perusal of this report, we come next to a subject, which, without pretending to any of the qualifications of Cassandra, we have long since expected, would be a source of trouble to some of our Superintendents. All who read, must be aware of the frequency of suits in England and France for illegal confinements. The remarks of Dr. McFarland, are as follows :

“ The extremely loose condition of all the enactments upon our statute-book which relate to the insane, tending as it does to jeopardize those holding this class of people in custody, justifies some allusion to the subject in this Report.

“ It will be seen, by reference to the Revised Statutes, that no course of previous enquiry is necessary in the commitment of a person to the Asylum. Insane persons may be sent to the Asylum by their friends ; an authority altogether too undefined to be entrusted with the most important act transacted under a free government—the depriving a citizen of his liberty. At the moment of admission to the institution, the justice and propriety of the commitment cannot be made matter of question. While penning this Report, (May 18th,) a lady leaves us, after about four weeks’ residence, whose unsoundness of mind has been so slightly manifest while here as to be almost doubtful. The friend who committed her here presented such statements as appeared to establish the case perfectly. Another class of her friends presented, after she had been some weeks with us, statements which would make the reverse appear. This brings to our door a discussion which should have been anticipated by an examination, by competent persons, previous to the decision to send her to the Asylum. Under these circumstances, we send the lady to her place of residence after what she terms ‘a pleasant visit,’ and she leaves, having exacted from us a promise to return her call ‘as soon as our engagements will permit.’ The insanity (for without doubt a slight insanity exists,) exhibits itself in prejudices against her friends, and disappears when separated from the objects of her aversion. This is a harmless instance, which brings ill to no one. Yet it enters by an avenue sufficiently large to admit cases causing the greatest peril to the Institution.

“ Had the circumstances in the above-named case been different ; had the individual possessed education, address, and that kind of cunning which frequently is an accompaniment of insanity ; and, especially, had any thing appeared in the case impugning the motive for commitment, it



can be conceived that, with so available an instrument as the writ of *habeas corpus*, the Institution and its officers might have been drawn into a situation, even before time had been permitted to ascertain whether the commitment was just or not, from which there could have been no escape but with odium."

During his absence in Europe, Dr. McF. visited 14 Asylums in England and Scotland, 3 in France, and 4 in Italy. Some of the results obtained by him, are of interest. We copy these, as they are brief, and are merely the precursor of a work, which he promises, in another and more extended form.

"Insanity in America is ever presenting to us almost precisely the same aspects. In very old communities, where the lines between different grades of society have been closely drawn for ages, and where contiguous neighborhoods, from different pursuits, have a distinct character, in no place is the difference more quickly seen than in the lunatic asylum. While the lunatic of Louisiana is almost of the same mould with him of Maine, the plodding agricultural serf of the North Riding of Yorkshire seems, when insane, a totally different being from the coal miner of Durham or the manufacturer of the West Riding, and each neighbors of but an hour's journey removed.

"The excellence of the English lunatic asylums is secured by the steps taken by Parliament to provide a system of visitation by a board of commissioners appointed by the Crown. This board prescribes a certain table of records, to be kept in every receptacle for lunatics, both public and private; not only of the admission and discharge of patients, with the cause and duration of the malady, and the condition of the patient when discharged, but also a diary of minute particulars of his daily progress; how many hours he labored,—how many hours he was kept in seclusion,—how long he wore any mechanical restraint,—how frequently and what kind of medicines were taken,—with many other particulars even more minute. A commission, vested with such high powers, cannot fail to elevate the system of management, holding as it does the destiny of every such institution in England.

"A visitor to the English and French hospitals is immediately struck with the great evident cost of many of them, compared with the number they are intended to receive. This is no test, however, of their excellence, which, architecturally considered, lies in their spaciousness, the altitude of their ceilings, and the strict attention paid to the details of heating and ventilation. The gloomy interior of most of the American asylums, where the light must be excluded by a mischievous and false economy, finds no parallel in Europe, save in the extremely old institutions of the North, or those of Catholic countries, where an asylum is most frequently a suppressed monastery.

"The fixedness of the attendants and assistants of the English and Scotch asylums is a feature which contrasts favorably with ours, where such a position is merely a transient stay in the progress to other more

profitable and permanent employments. Ten, twenty, and even forty years' service in a single institution, is by no means uncommon. The system would, under some circumstances, have great evils. The duties become automatic, and new and improved usages must be introduced and carried out with difficulty. The noxious influence of 'patronage,' extending in such places even to the humblest servant, is a constant check upon the usefulness of many good institutions, where the resident director finds himself confronted with subordinates, whose appointment, being reposed in other hands, places them independent of himself. The employee does not lack in deference, but it is deference to a power which takes little part in the direction and oversight of his duties."

In an Appendix, a complete list is given of all the Trustees of the Asylum, with biographical sketches of the more distinguished. We copy the notice of Dr. Twitchell, a member of the first board, and one of the most eminent physicians, in his day, in New-England. We formed his acquaintance at Philadelphia, but a few weeks before his death, and certainly had no idea of his age being so advanced.

"Dr. Twitchell was born in Dublin, N. H., April 11, 1781. He graduated at Dartmouth College in 1802, and immediately entered upon the study of medicine with the late Dr. Nathan Smith, and took the degree of M. B. in 1805, and in 1811 that of M. D. After spending two years at Norwich, Vt., and about the same time at Marlborough, N. H., he removed to Keene in 1810, where he spent the remainder of his life. In October, 1807, he tied the common carotid artery successfully, at a time when it was the general belief of the profession that it could not be done without great danger to life. He preceded Sir Astley Cooper eight months in his successful operation for the same, which he immediately published, and has received the credit of discovering the practicability of the operation.

"By general consent Dr. T. stood at the head of the profession. Few men possess the peculiar natural endowments that belonged to him, and few rarely attain so thoroughly the knowledge necessary to all the practical purposes of the profession. He showed himself a superior man in all the acts of his life, as one destined to lead and direct others, from his native energy of character, perseverance and self-reliance. He was always ready for any emergency of the profession, and no operation in surgery was too formidable for him to encounter. He had performed the operation of lithotomy a number of times, and had repeatedly engaged in the severest operations that occurred in a large region of country contiguous to his residence. All the common operations of surgery were almost of every-day occurrence to him. A large portion of this part of the State depended on him for this practice for a period of more than forty years. His great fame was founded more upon his skill and success in meeting all these numerous and diversified cases, than upon any great feat in surgery, or any accidental success in practice. His



whole life was almost entirely devoted to his profession. Though often solicited to accept professorships in a number of the New England Medical Schools, he uniformly declined. His life knew no relaxation or suspension of labor, as long as his strength continued."

"Though Dr. T.'s intensely laborious life forbade much long and patient investigation, yet he studied his cases with great care, and no man could know better or more thoroughly than he did, all that was necessary in relation to them. He was not a learned man, and yet no professional man in our State ever kept better and earlier posted up in all the new views and improvements in the profession, and in all the new remedies of the day. Possessing a remarkably retentive memory, and an uncommon quickness of perception, he could acquire knowledge with a facility unknown to most other men, who have to study, reflect and re-reflect, before they can make any new facts, views or theories their own.

"His last illness was short. His health had been failing for a few months previous, so that he did but little business, though he continued his professional labors till only a few days before his death. He was seized with a paralysis on Tuesday morning, May 21, 1850. He was able to speak, and seemed very attentive to his own symptoms. He pointed out the treatment that had been successful in cases similar to his own. He suffered no pain. He remained in this very tranquil state till the following Sunday, (May 26,) when he died. He was 69 years old at his death.

"Thus passed away one of the most useful and eminent men of our age, leaving a life full of good deeds and generous acts to his fellow men. Our regrets follow him, though when we think that, agreeably to his own oft repeated wish, his end came while he was yet in the full maturity of all his powers, we may rejoice that so bright a light was never dimmed, that he came to the allotted period of human life, and quickly and easily passed away."

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As an appendix to the foregoing review of the Reports of American Institutions for the Insane, we insert a brief notice of the Reports of three British Lunatic Asylums. From a copy of the *Twelfth Annual Report of the Crichton Royal Institution for Lunatics*, at Dumfries, received from the author by Dr. Benedict, we make the following extracts :



"DEATH AND BURIAL OF THE INMATES OF THE ASYLUM.—When death does occur, a new series of cares arise. It is prudent and humane that such events should not be communicated to the inmates. That which is at all times awful, becomes appalling to those who cannot escape from the immediate impressions and associations, when it happens in the very spot where the living, who look on, must meet the same fate. Each removal is a picture and premonition of those that must succeed; and a premonition which each survivor is disposed to apply. The body is accordingly invariably removed during the night, while the patients are asleep, and placed in a separate building; all traces of the deceased are obliterated, and, except for particular purposes, the name is never mentioned. Funerals, even where there is a religious service, take place early in the morning, do not arrest the ordinary movement of the day, nor obtrude painful and profitless impressions upon the community. So completely have these expedients succeeded, that many patients remain in doubt whether former companions have returned to their friends and home, or have yielded up their spirit to Him who gave it."

"EDUCATION FOR IDIOTS.—Schools for idiots form a new and pleasing feature of our social arrangements. It is probable that such Institutions will fail to raise the pupils to a level with healthy and robust minds; it would be extravagant to expect that from the child who can neither hear, nor speak, nor walk, a perfect adult should grow up; but if they enlarge the means of happiness; if they engraft habits, even automatic habits of cleanliness and correct demeanour upon imperfect powers; if they educe a single sense from its captivity; a great and unexpected triumph has been obtained over difficulties which not only baffled but discouraged all former philanthropists. From the imitative character of idiots, it is conceived that Asylums are not the most safe or suitable homes which might be provided. In the absence of sound discrimination and proper models, they copy the extravagance and degradation of their companions, and give expression to their few and feeble desires through the manifestations of insanity. Five patients of this class have been admitted, with capacities varying from the most complete state of privation, in which the external senses are alone developed, to the exercise of memory and of certain emotions. In one, no articulate sound is ever heard; he rejoices at the presence of sheep, and imitates their cry; in a second, language is employed in the reiteration of a few phrases expressive of his only desire, to return home; in a third, whose vocabulary is equally barren, whose predominating feeling is fear, manhood has been reached without a knowledge of property, or a care to possess it; a fourth is almost silent, or utters a monotonous sound intended as melody, but has been educated, and is susceptible of improvement; a fifth is a good workman, but displays few wishes beyond the vegetative life to which his imbecility has condemned him. All these individuals have arrived at maturity; and although still intellectually children, have passed that stage in which training or culture are especially applicable. Two have, however, received great benefit from moral training. All present indications of scrofula, or arrested development, and appropriate remedies have been adopted; but where there is a hereditary taint to combat, as

well as an actual disease, where perversion by injudicious management or by the invasion of alienation, were superadded to privation, success of a very limited kind can alone be expected. The difficulties of the undertaking have suggested the hope that in the ultimate completion of this Establishment a school for idiots and the juvenile cretins of Scotland may be included."

**"CONFESSIO OF CRIMES.**—The appetite to confess crimes appears in those reputed sane. Various individuals have, within a short period, avowed themselves the perpetrators of murders where little or no evidence exists of their participation in the deed, and where the motive to disclose is as inexplicable as the motive to commit the outrage. When such confessions are volunteered by the insane, they generally involve circumstances of such unparalleled enormity as to attach doubt and suspicion to the whole narrative. They have destroyed the living in order to devour the dead; they have defrauded, and their victims are the poor; they have murdered millions, or hundreds of unoffending men. There is however, in other cases so great a verisimilitude in the statement as to remove scepticism, or to suggest the alternative suppositions that the offence is real, but committed by another person; or that the offence is imaginary, but that the design and attending circumstances are real prefigurations of the mind. A female, recently in the Asylum, acknowledged that she had been guilty of infanticide; but she at the same time entertained the delusion that she was about to become the mother of a child whose existence must be concealed. Her guilt was anticipative. To believe erroneously in our own guilt is as natural an expression of alienation as to believe erroneously in the guilt of others."

**"MORAL MANAGEMENT.**—The character of the moral management is activity without excitement, progress, the combination of self-government, with appeals to the intellect and sentiments. There is always something to expect, to prepare for; some anticipation, or some retrospect. Patients are participators in every arrangement. They are identified with the recreations, as well as the labors of the community. They are led to understand that each progressive step is not merely for them, but by them. They are their own gardeners, laborers, players, musicians, precentors, librarians, and, under certain restrictions, their own police. Each day has its appropriate relaxation, as well as its duties; but monotony, which engenders torpidity rather than tranquillity, even the monotony of continued recreation, is obviated by useful pursuits and physical exertion. To carry out such views to their legitimate extent, special enjoyments have been suggested to each individual; while public assemblies have been encouraged as a sphere of trial, as well as a source of pleasure. Self-command, and silence, and calmness, as well as excitement, may be propagated by imitation and example, and by the presence of numbers."

**"RELIGIOUS WORSHIP.**—Worship is regularly performed according to the forms of the established churches. Members of other communions visit their churches in Dumfries, accompanied by officers, or are visited by their own clergymen. The timidity which formerly excluded the insane from such ordinances, or concealed their presence by a veil,



has passed away ; the error that they were incapable of comprehending or joining in worship has been demonstrated ; and in these assemblies children and maniacs are seen to bend the spirit and the knee side by side ; in them it is impossible to distinguish the insane from the sane, the guardian from his charge ; and all ideas are banished from the mind of a spectator except those of universal brotherhood, and that peace which passeth understanding. It may be that there is a sense of supplication where there is no power of precise and articulate prayer ; and it may be that independently of, and even in opposition to, external manifestations, there is an 'inner life hidden with God ;' but it is certain that reverence and attention prevail ; that the tranquillity is greater than under other circumstances ; that the acknowledged effects are contentment and calm. The Bishop of Glasgow has twice preached in the Asylum ; and to the patients generally, as well as to the members of his own flock, the event was pregnant with many interesting and impressive associations."

The *Third Annual Report of the Leicestershire and Rutland Lunatic Asylum*, as in former years, is more particularly the Report of the United Committee of Visitors, rather than that of the Superintendent, his report being entirely confined to the following table of statistics :

Patients on the books, December 31, 1850.....	219	
Admitted since, .....	95	
	—	314
Discharged—Cured, .....	46	
Relieved, .....	15	
	—	61
Died—Epilepsy, .....	3	
General Paralysis, .....	5	
Age and Debility, .....	4	
Maniacal Exhaustion, .....	2	
Other Causes, .....	6	
	—	20
Remaining—County Paupers, .....	133	
Out-County Paupers, .....	4	
Borough Paupers, .....	49	
Subscribers, .....	30	
Independent, .....	17	
	—	233
	—	314
Total number admitted since the opening of the Institution,		1,234
Total number Cured, .....	551	
Relieved, .....	113	
Removed, .....	105	
Died, .....	232	
Remaining, .....	233	
	—	1,234



The financial report of the Committee proceeds to state that "In every point of view, whether medically or financially considered, the affairs of the Asylum during the year 1851, have been eminently prosperous. The great reduction that was made at the commencement of the year in the weekly charges of the Pauper Patients, amounting in the whole to no less a sum than £341, has been fully met by a corresponding saving in the relative expenses of the establishment, and by the profits received from the second and fourth class Patients, and the Visitors are happy to announce that there is a clear surplus on the year's account of £208 0s. 10d. to be added to the balances of former years, and which now amount in the whole to the sum of £1,878. 15s. 1d."

In glancing over the Treasurer's account we were surprised to see one item for an article which we thought the progress of the times had entirely excluded from all British Asylums, as it undoubtedly has from most American Institutions, we allude to a charge of £12 14 2. for *Tobacco and Snuff!*

The *Superintendent's Report of the Littlemore (Pauper) Asylum*, with a brief but very sensible medical report, presents us with a most elaborate set of statistical tables, and also a very minute account of the scale of expenditure, &c.

The statistics of this Asylum for the past year were as follows :

	Males.	Fem.	Total.
Remaining in the Asylum December 31, 1850,	136	190	326
Admitted in the year 1851,.....	57	57	114
Total, .....	193	247	440

## Discharged :

On Recovery,.....	23	30	53
Relieved, .....	1	3	4
Not relieved,.....	1	2	3
Died,.....	17	16	33
Total,.....	42	51	93

Remaining December 31, 1851, .....	151	196	347
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We extract the following remarks by Dr. Ley with regard to "Criminal Lunatics," as it is a subject which has already excited some attention in this country :

"The association with some persons of the class sent as lunatics from the gaols, is an infliction on the orderly disposed patients, is damaging to the moral condition of some, and to the bodily health of others by the restrictions and excitements produced. The adapting an asylum for 350 ordinary lunatics to the safe custody, restrictions, and smaller classifications, for three or four of this class, would be unreasonably expensive in the separate counties; while it is known that the class itself in the aggregate, is sufficiently numerous to require a special asylum."

*Tobacco* forms no inconsiderable item in the expenditure of the Littlemore Asylum, the charge for this article alone being no less than £44 2s. 6d. !

By a letter from Cincinnati, we are informed that removals have been made of Medical Officers and Superintendents in the State Lunatic Asylum, the Blind Asylum, and the Deaf and Dumb Asylum. A change in the political power of parties has recently occurred in the State of Ohio, and we are given to understand that this is among its first fruits. We have already denounced such proceedings abroad, from the injury they must entail on the unfortunate and suffering inmates, and we are not now to be deterred from expressing our detestation of similar conduct, when it occurs in our own country and is consummated by our *political* friends. We assert that no changes of important officers in these public institutions should be made, except for cause shown.—ED.

## BOOKS RECEIVED, &amp;c.

ESSAYS ON ASYLUMS FOR PERSONS OF UNSOUND MIND. By JOHN M. GALT, M. D., Superintendent and Physician of the Eastern Asylum of Virginia. Richmond: 1850. (Reprinted from the *American Journal of Insanity*.)

REPORT OF THE EASTERN ASYLUM in the City of Williamsburgh, Virginia, 1851. Richmond: 1852.

Southern Medical and Surgical Journal, July, August and September.

Ohio Medical and Surgical Journal, " " "

Nelson's Northern Lancet, " " "

New Jersey Medical Reporter, " " "

Transylvania Medical Journal, " " "

Western Medico-Chirurg. Journal, " " "

Worcester Medical and Surgical Journal, " " "

St. Louis Medical and Surgical Journal, June, July and August.

Medical News and Library, July, August and September.

New Orleans Med. and Surg. Journal, July and September.

American Journal of Pharmacy, July.

Charleston Medical Journal and Review, August.

Stethoscope, July, August and September.

Boston Medical and Surgical Journal, regularly.

Medical Examiner, July, August and September.

North Western Medical and Surgical Journal, July, August and Sept.

Nashville Journal of Medicine, June, July, August and September.

New York Journal of Medicine, July and September.

Dublin Medical Press, regularly.

Buffalo Medical Journal, July, August and September.

New Hampshire Medical Journal. " "

Canada Medical Journal, July, August and September.

American Journal of Medical Science, July.

Nordamerikanischer Monatsbericht, September.

Quarterly Summary of the Transactions of the College of Physicians of Philadelphia, July.

British and Foreign Med. Chirurg. Review, July.

New York Medical Times, July, August, September.

New York Medical Gazette, " " "

Bulletin L'Academie Nationale de Medecine, Paris.

Revue Medicale, Paris.

Journal Des Connaissances Chirurgicales, Paris.

Gazette Medicale, Paris.

Gazette Des Hospitaux, Paris.

Dublin Quarterly Journal of Medical Science, August.

Winslow's Psychological Journal.

Western Lancet, July, August and September.

East Tennessee Record of Medicine and Surgery, August.

Scalpel, August.



A M E R I C A N  
JOURNAL OF INSANITY.  
FOR JANUARY, 1853.

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ARTICLE I.

HISTORY OF THE PENNSYLVANIA HOSPITAL  
FOR THE INSANE.—“ *An Address on the occasion of  
the Centennial Celebration of the Founding of the Pennsyl-  
vania Hospital, delivered June 10, 1851.* By GEORGE  
B. WOOD, M. D. Published by the Board of Mana-  
gers.” 8vo. Philadelphia: 1851.

We are indebted for a copy of this excellent address  
to our friend Jacob G. Morris, one of the Managers of  
the Institution.

We extract from its pages the history of the present  
Asylum for the Insane, so well known as under the direc-  
tion of Dr. Kirkbride.

“A new era now begins in the history of the Hospital. A great  
question agitated the minds of the Board, the Contributors, and the  
thinking men of the general community. This question had reference  
to the insane. Their numbers had increased beyond the means of ac-  
commodation. New views in relation to the treatment of this class of  
patients had been developed which could not be carried out in the exist-

ing space and arrangements of the house. The Pennsylvania Hospital, which had taken an acknowledged lead in this branch of practical medicine, was falling behind other establishments. They who had the immediate charge of the insane, and I happened to be one of them, felt themselves cramped in their curative efforts, and, seeing their way clearly to better things, were troubled and grieved at the intervening obstacles. There was no opportunity for proper classification, none for bringing duly to bear the vast remedial power of moral influences. It is true that in our Institution, under the enlightened supervision of Rush and others, correct views of insanity and of its management had prevailed and been carried into partial effect, at a very early period, and had undoubtedly been one cause of its wide reputation and popularity. But in the march which we ourselves had been among the first to begin, circumstances were now compelling us to halt. This state of things could be tolerated no longer. Either the care of the insane must be abandoned, or we must conform with the improved views and methods of the day.

“ But the reception and care of lunatics were among the very objects of the foundation of the Hospital. The first memorial to the Provincial Assembly refers, in its beginning sentence, to the increasing number of lunatics, as one of the great wants calling for relief. All the legislative grants, all the individual contributions and legacies, were made with the understanding that they were to be appropriated in part to this class of patients. In justice, they could not be abandoned. It was among the highest obligations of the Institution to provide for their proper care and treatment. An extension, then, of the existing accommodations was an imperative duty, I might almost say a necessity. But how, and to what extent was this to be effected ?

“ Were we to be content with some enlargement of the means already in operation, with some patching of a system which had been outgrown, some repairs of an old edifice the very foundations of which were insecure ? This would have been a very short-sighted policy—a very selfish policy—shifting from our own shoulders to those of our successors the burthen that properly belonged to us. No ! The true plan, the most efficient, in the end even the cheapest plan, was to begin anew ; to desert the old grounds and the old building as insufficient, and as wanted too for other purposes ; to adopt the good American system of migration when overcrowded ; and to seek a new site and new circumstances corresponding with the magnitude and importance of the object.

“ But how was this to be accomplished ? Whence were the funds to be obtained ? The productive capital of the Hospital could not be touched. The income from this source was sacred. It did not belong to the

“Contributors to the Pennsylvania Hospital;” it belonged under solemn pledges to the sick and destitute poor. There remained then but one alternative—an appeal to the public, or the sale of the beautiful but unproductive lots around the Hospital. The former, it was well known, would, under the circumstances and to the extent desirable, be unavailing. The answer to every hint of such a recourse was—you are rich; you are overburthened with unproductive real estate; make use of your own means, and then if necessary apply to us. It is true that many regretted the loss of those grassy squares; hoped that they might be reserved as breathing places for the crowded city; deprecated even the effect of their loss upon the probable health of the inmates of the Hospital; but they gave no money; they made no offers; they left the Hospital to its own resources. The sale of the grounds then became imperative. The Hospital had bought them with its own money, and had a full right to dispose of them.

“The Contributors at different meetings were consulted upon this important business. At their meeting in May, 1831, they decided that a separate Asylum for the Insane was expedient, and instructed the Managers to propose a suitable site at a future meeting. In May, 1832, and subsequently in 1835, they gave authority to sell the vacant grounds east-west, and south-west of the Hospital, in order to raise money for the new buildings.

“These lots had been purchased originally for about nine thousand dollars; they were sold as authorized by the contributors; and their proceeds before they were expended upon the New Asylum for the Insane, amounted, principal and interest included, to three hundred and twenty-five thousand dollars. They had never yielded an income to the Hospital. In a pecuniary point of view, therefore, this was a pure gain. It was an exchange of unproductive property for the noble establishment which has arisen upon the other side of the Schuylkill, and which has restored to Philadelphia the proud rank she had nearly lost in this great onward movement of humanity.

“The question of a site for this new branch of the Hospital was one of great importance. Happily it was settled in favour of the country. I presume that at present there are scarcely two opinions upon the subject. If any one should still entertain a doubt, let him visit the beautiful spot now occupied by the insane under the charge of this Institution, and he will return with all his doubts removed.

“It is hardly necessary for me to say, that the site selected was a farm extending from the Haverford to the West-chester Road, about two miles west of the city, containing somewhat more than 100 acres.



"The position was, I think, happily selected in reference to healthfulness, convenience, and future availability. A century hence, it is probable that our growing town will have reached these suburban grounds; and that their increased value at that time will enable the Institution to extend its beneficence in a degree proportionate to the inevitable increasing demands upon it.

"The corner stone of "the Pennsylvania Hospital for the Insane," as this establishment is properly styled, was laid June 22d, 1836; and the house was opened for the reception of patients upon the first day of the year 1841. The whole cost of it was sustained without any encroachment upon the productive capital; though the fact, that the profits accruing from the board of insane patients had added very considerably to that capital, might have furnished a plausible excuse for the appropriation of a portion of it, had such appropriation been necessary, to the completion of the new establishment.

"A visit to the Pennsylvania Hospital for the Insane will amply repay any one who either loves the beauties of nature, or the still greater beauties of beneficence in orderly, efficient, and extensive action.—Around the house are pleasure grounds, of more than 40 acres in extent, of finely diversified surface, adorned with grass, shrubbery and trees, with a small wood enclosed, and from various points commanding agreeable rural views. Neat isolated buildings are seen here and there, intended for the amusement or employment of the inmates, or for other purposes connected with their well being. In the midst arises a noble edifice, imposing by its magnitude, striking by its architectural character, arranged internally with every attention to healthfulness and comfort, where every thing is exquisitely clean, every thing in order, and a refreshing atmosphere of kindness, cheerfulness, and all the gentler virtues seems to breathe peacefully through hall, saloon, and chamber.—Scattered about the grounds, in the different apartments of the main building, or in the out-houses, you encounter persons walking, conversing, reading, or variously occupied, neatly and often handsomely dressed, to whom as you pass you receive an introduction as in ordinary social life; and you find yourself not unfrequently quite at a loss to determine whether the persons met with are really the insane, or whether they may not be visitors or officials in the establishment. From this scene of comfort, of amending health, of cheering hopefulness, your minds wander back to the days of cells, prisons, chains, and the lash; when the eye was offended with rags and filth, the ear wounded by yells, screams, and imprecations, and the heart pained by the images of despair around it; and you thank Heaven that you have been permitted to live in these

times ; you bless the hearts, the heads, and the hands which suggested, conceived, and executed all this glorious work of beneficence ; and you feel your own hearts swelling with a consciousness of the increased elevation and dignity of human nature itself. Surely no outlay of money is to be regretted which has led to such results."

The statistics of the Hospital are summed up in the following table :

"The Pennsylvania Hospital for the Insane (situated in Philadelphia County about two miles west from the City) was opened for the reception of patients on the first day of the year 1841, since which time there have been admitted into it

Males.	Females.	Pay.	Poor.	Total.
1037	841	1412	466	1878

"Of the whole number admitted have been discharged—

Cured . . . . .	875
Much Improved . . . . .	140
Improved . . . . .	241
Stationary . . . . .	211
Died . . . . .	181

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1648

Remain under treatment . . . . .	230
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Total, 1878

"The following table exhibits the gradual increase in the number of insane patients in the Hospital, being the number under care at the close of each official year since it was opened.

At the close of the year ending 4th mo. 24,	1841 there were 97 patients.			Average number during the year.
"	1842	"	109	" 106
"	1843	"	135	" 120
"	1844	"	147	" 138
"	1845	"	158	" 154
"	1846	"	180	" 169
"	1847	"	188	" 172
"	1848	"	202	" 192
"	1849	"	208	" 202
"	1850	"	230	" 210
"	1851	"	230	" 216

"The total number of patients treated for insanity in both branches of the Pennsylvania Hospital since its foundation, in 1752, is 6,134."



## ARTICLE II.

THE REV. THOMAS H. GALLAUDET, *as Chaplain*  
*to the Retreat for the Insane at Hartford, Conn.*

Mr. Henry Barnard, whose services in the cause of education have been conspicuous, not long since published a discourse commemorative of the life, character and services of the Rev. Mr. Gallaudet, delivered before the citizens of Hartford, Jan. 7, 1852.

It appears that the late Dr. Woodward contemplated the appointment of a permanent chaplain for the Insane at the Worcester Hospital, and the place was tendered to Mr. Gallaudet. Very shortly afterwards, a similar place was created at the Hartford Asylum, and for several reasons, the latter was accepted. As to Mr. G.'s work in that department, and the usefulness of a chaplain's services to the insane, we quote the words of Mr. Barnard :

“Mr. Gallaudet was appointed; and he entered on his new and interesting field of labor with his usual caution and thoroughness. No man could study his duties with a more prayerful and earnest spirit,—no one could improve more faithfully every opportunity to become intimately acquainted with the peculiarities of the mental and moral condition of the numerous inmates of the Retreat,—no one could aim to act in more perfect accordance with the counsels and directions of the superintending physician,—no one could select with more cautious deliberation the truths of religion which could be advantageously adapted to those who are laboring under mental or moral delusions, or more wisely present the motives which could aid in leading back each to a self-controlling and healthful condition of mind, or administer the consolation that would reach their real or supposed trials. The experience of each successive year furnished accumulating evidence of the usefulness of his labors,



and the efficacy of kind moral treatment and a wise religious influence in the melioration and care of the insane. How beautifully did both his manner and success illustrate the wisdom of that law of kindness, which Dr. Todd impressed on the organization of this Retreat, as the all-pervading and plastic power of its moral discipline !

“O! how vividly did his mode of conversing with the insane, bring back the image and language of that gifted man—the first physician and founder of the Retreat;—how beautifully did the labors of both realize the language in which Whittier describes the true mode of dealing with the insane :

“ ‘Gentle as angels’ ministry,  
The guiding hand of love should be,  
Which seeks again those chords to bind  
Which human woe hath rent apart,—  
To heal again the wounded mind,  
And bind anew the broken heart.  
The hand which tunes to harmony  
The cunning harp whose strings are riven,  
Must move as light and quietly  
As that meek breath of summer heaven  
Which woke of old its melody;—  
And kindness to the dim of soul,  
Whilst aught of rude and stern control  
The clouded heart can deeply feel,  
Is welcome as the odors fanned  
From some unseen and flowering land,  
Around the weary seaman’s keel!’

“To appreciate the character and value of his services as chaplain, both in the county jail and the Retreat, he should have been seen and heard; and especially at the Retreat, not only in his regular religious teaching on the sabbath and in evening worship, but in his daily visitation among the dim and erratic in soul, and his intercourse with their friends and relatives, who were sorrowing over the wreck of domestic joys and hopes. How simple and wise were his instructions,—how surely did his kindness open the closed doors of their affections,—how like the dew distilled his words of consolation,—how like the notes of David’s harp on the unquiet spirit of Saul, fell the tones of his voice over those whose thoughts, it seemed but a moment before, could not rest or be comforted. \* \* \*

“No one familiar with the internal management and concerns of an institution of this character, and with the phenomena of this disease, can hesitate for a moment to recognize the great benefit of these labors and of religious influence, wisely exerted, to the insane. Many of the patients (we use substantially the language of his reports) are in a state

of convalescence, and are fast recovering their original soundness of mind ; and among these and the other patients are a few who well know, by long experience, how to use and prize such privileges. Others are laboring under kinds and degrees of insanity which leave the mind rational with regard to a variety of subjects, religion often being one of them. Some are only periodically affected, and entirely sane during the intervals. Some have perverted moral feelings, obliquities of disposition and temper, while the intellect is capable, in a greater or less degree, of appreciating truth. Of the rest, there are those, indeed, whose minds are so enfeebled or beclouded by their malady, that they may not have any distinct conceptions of religious truth conveyed to them. Yet even these retain some childlike susceptibilities of religious feelings not wholly inaccessible to the salutary impressions which the outward forms alone of divine worship are adapted to produce. Former associations and habits are not yet obliterated. They often give distinct and pleasant indications that the things of religion are among the few objects which still afford them some gratification ; and small as may be the degree of enjoyment and benefit which they can thus experience, Christian sympathy delights to provide this solace for them, careful, in the spirit of the Saviour, ‘ not to break the bruised reed, nor quench the smoking flax.’

“ In estimating the value of these religious exercises there are many things to be taken in account, in addition to their spiritual benefit to the patients, as means of grace that they ought to enjoy in common with their fellow-men around them,—and which things in their aggregate influence have a much greater efficiency than many not familiar with them would suppose. Such are the following : the necessary preparations for attending the religious exercises in a becoming manner, and which fill up a portion of time agreeably and profitably ; the regular return of the stated hour for doing this, and the pleasant anticipations connected with it ; the change of scene from the apartments and halls, to a commodious, cheerful and tasteful chapel, there to unite in the worship of God ; the social feelings induced and gratified ; the waking up of formerly cherish-associations and habits ; the soothing, consoling and elevating influence of sacred music ; the listening intelli-gently to the interesting truths of the word of God, and uniting in the heart in rendering him that homage which is his first due, as is, beyond doubt, the case with not a few of the patients ; the successful exercise of self-control, so strikingly and continually exhibited by those who need to exercise it ; the having their own place of worship, and their own minister whom they regard as the peculiar pastor of the little flock to which they belong ; the habits of punctuality, order and decorum they acquire, and relish, in going to and



returning from the accustomed place of their devotions,—the two sexes having their separate avenues for entering and withdrawing, connected with the male and female sides of the institution, and their appropriate distinct seats while assembled together: the feeling that, in all this, they are treated like other folks, and act as other folks do, and the subsequent satisfaction, a part of our common nature, which many of them experience in the reflection that they have performed an important duty.

“The sabbath, it may be added, would be to many of the inmates of the Retreat a monotonous and tedious day, if it were not enlivened and cheered by their coming together for religious worship. This has often been noticed, and also that they manifest a strong and even restless desire to have the usual religious exercises return, when, as will sometimes happen from peculiar circumstances, they have been temporarily suspended.”

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### ARTICLE III.

ON THE MEDICO-LEGAL QUESTION OF THE  
CONFINEMENT OF THE INSANE. By JOHN M.  
GALT, M. D., *Superintendent and Physician of the Eastern Lunatic Asylum of Virginia, at Williamsburgh.*

At the Annual Meeting of the Superintendents of Lunatic Asylums, in June 1850, Dr. Galt read two papers, one of which—“*On the Organization of Asylums for the Insane*,”—has appeared in this Journal (vol. vii. p. 45.). The author has subsequently published both in pamphlet form, a copy of which reached us in September last, accompanied with the Annual Report of the Eastern Asy-



lum, which last we have noticed elsewhere (p. 195-7). We republish, with great pleasure, the following essay :

“ The subject on which I have been instructed to report, is somewhat peculiar, in the fact that it may be referred conjointly to two important professions—medicine and law. With regard to the considerations which appertain to the first half of the compound term, the indications for the confinement of persons laboring under insanity are manifest in a number of cases. Taking those which are clearly proved to belong to mental derangement, it is obvious for example, that the medical treatment will be very uncertain, if the patient is allowed to go at large and to act according to his own fancy. In most instances, which at all approach the maniacal type, the individual then must be confined on his own account, for his own welfare. Here any scruples as to personal rights are necessarily to be waived, being dispelled by the advantages which accrue to the patient himself from placing him either in positive confinement, or under such a degree of control, as will enable the physician to give suitable directions in the way of treatment, and further, to ensure the certainty of these directions being carried into effect. In this view, and under the present head, what is entitled moral treatment and the deductions in connection with it, fall under the general division of medical treatment, as contradistinguished from the second question, or the considerations arising as to the legal necessity of restrictions on the insane. Upon the ground so stated, another principle for confining this class is found in the circumstance, that should the patient be left to indulge his peculiar morbid ideas and propensities unchecked, there is an increased intensity given to them; hence, one of the rules of moral management, to lessen the force of these, by exciting in the diseased mind new trains of healthy thoughts and emotions; but to effect this, pre-supposes the exercise of a due degree of control over the individual. If for these and other reasons which might be mentioned, it be both justifiable and judicious to confine a lunatic at home or elsewhere, so far as the benefit from medical supervision is concerned, the argument has the greater force when applied to isolation in an asylum, because here the means of effecting good results through the agency of treatment, are much more efficient and extensive, than in general could be provided in any other situation. This conclusion has been so universal, that it scarcely seems necessary, either to enter into the comparative merits of treatment in asylums properly managed and constituted, and that pursued elsewhere, or, on the other hand, to discuss the essential difference as to various points between the two modes of action. Suffice it to

state, that medical authorities in all civilized countries, are agreed as to the superiority of asylums in this regard. And there is not a doubt on the score of humanity, that this greater efficacy altogether justifies the increased abridgement of liberty, which is sometimes the lot of the insane when thus situated. Whilst we consider, however, the lamentable condition of those confined in prisons, and also of some in confinement at home; whilst we view with feelings of compassion the utter misery attending the situation of a large number of these unfortunates in every land, we cannot but conclude that the natural liberty of a citizen is practically and in reality far more affected by a residence in localities like these, than when he dwells within the precincts of an asylum. In such an establishment, the mournful isolation of dark and loathsome dens, and the degradation of chains and stripes are done away with entirely, and the hapless lunatic can still receive unrestrained, at least the mitigating influences of light and air. As respects the pauper insane, there are few who can be retained with their friends, compared with those to whom an asylum is suitable; but doubtless in a medical aspect, there are amongst the wealthy patients who might be advantageously managed in private. In this matter much reflection is requisite. For example, the number and character of the friends, by whom an individual will be environed at home, are circumstances worthy of great attention; whether, in other words, they are in the first place persons of intelligence; and secondly, whether there will be such a loving devotion to his care as will eventuate either in his restoration to sanity, or in an amelioration of the morbid symptoms, and which will conduce to secure to him the greatest possible comfort, of which he is at all susceptible. The particular features of the patient's disease, and the attendant circumstances generally analogous to those just mentioned, must govern our decision in each separate instance. On this subject, Dr. Jacobi acknowledges his readiness to admit, that many harmless, low-spirited or hypochondriacal patients regain their health more easily in the tranquility of a domestic circle in the country, and under proper direction, than in any other position; the situation itself forming for individual cases of the kind the best remedial means. He afterwards comments on the difficulty of finding persons in private, willing and duly qualified to make the necessary exertions in behalf of those so afflicted. It should not be forgotten also, that a severance from familiar scenes, associations and persons, is, according to universal experience, almost invariably a measure of advantage in the treatment of insanity.

“Most asylums for the insane have not only to be looked upon as curative establishments, but also as adding much to the comfort of a large



number of lunatics, who must be considered as decidedly incurable. It is a somewhat different question as to these, and as to individuals laboring under the early and curable stages of insanity. The question now concerns a permanent location: it is, whether a lunatic shall reside as a continuous mode of life in an institution for the insane, or shall spend his days elsewhere? Here the decision to which we ultimately arrive, should also be determined by the character of the patient's mental affection, and his condition as to friends and other modifying circumstances. For if it is evident, that he would be far more comfortable in an asylum than at home, then the abstraction of his liberty in obtaining such a residence is perfectly justifiable. In a medical point of view, perhaps the order of cases causing the most perplexity, are those which fall into a line intermediate between mere eccentricity and positive insanity; these are not usually recent in their origin when first especially observed. What we have to determine, is indeed whether we shall allow an individual to lead a sort of life most uncomfortable to himself, if we judge his feelings by those of other persons, or shall we bestow on him the comforts of an asylum, whilst at the same time he is averse to a procedure of the kind, has property for his support, inflicts no direct bodily injury on himself or others, and yet lives in a manner which must be painful to himself, or which renders him very annoying to his friends and connections.

“ With regard to the second head of the subject that has been allotted to us for discussion, an eminent jurist of Massachusetts remarks, that the right to deprive an insane person of his liberty, is found in the great law of humanity, which makes it necessary to confine those, whose going at large would be dangerous to themselves or others. And he further observes, that if this were otherwise, we could not even venture to restrain an individual in the delirium of a fever, or in the case of a person seized with a convulsion. Again, as concerns the confinement of those laboring under forms of insanity, which lead them to destructive acts of various sorts, the necessity of this is so apparent, that we may take it for granted that there are regulations to this effect amongst all civilized nations. It is just as necessary to guard the public from being injured by these, as it is to protect them against the violence of real criminals. With regard to interdiction, it may be simply remarked, that under all legal systems, from the Roman jurisprudence down to the different codes of our own time, the grant of this power has been thought requisite. But who shall draw the line of distinction between a form of insanity which is dangerous, and one which is not so; *definitio est periculosa*. When we peruse the history of various cases in works on insanity, we



find that some of the most horrid acts have been committed by monomaniacs. So also as respects the comparative mental condition of individuals affected with moral insanity; is there any variety of mental disease, which oftener renders its victims unmanageable and exceedingly troublesome? Instances, too, are not uncommon, in which the demented have committed the most fearful outrages. Hence it is that jurists of this country have asserted it to be the *duty* of friends to take the necessary steps for providing a proper degree of restraint to those afflicted with mental derangement; and that in their judgment, although unsanctioned by any statutory provision, their confinement in an asylum is not consequently a violation of a natural right. Hence, also, in an article published during the present year, we find Dr. Winslow declaring that no person evidently deranged in mind, should be permitted to go at large, without some degree of surveillance; and that society must be protected against the insane, and the insane *against themselves*.

“Forsaking temporarily the general subject of the confinement of the insane, it seems necessary to touch here on two subordinate points, relative to the same topic. The first of these has reference to that psychological condition, entitled a lucid interval. There are many cases of insanity which are periodical in their character; in a ratio with the approach of a patient's mind to complete insanity in these intervals, and with their comparative duration, will he have more or less the right to demand a withdrawal of interdiction and isolation? Each instance, we think, should be determined by its own essential characteristics. And we ought, therefore, to lean to one side or the other; that is, forbid or allow restriction, in accordance with the degree of the lucidity, its duration, and also the wishes of the individual, and his prospects of self-support when he shall be sole master of his own actions. Difficulties may certainly occur here, but practical good sense should be permitted to disentangle our doubts, and enable us to arrive at a proper conclusion.

“A second point of consideration, is the length of time that a patient should remain in an asylum after convalescence has appeared. Now it is manifest that in such a retention, we are temporarily confining a man who is sane. This, we think, however, entirely justifiable, inasmuch as nearly all writers on insanity agree as to the necessity of occupying due time in the consolidation of a cure; the reports of various institutions for the insane, exhibit this fact very plainly. And we should not hesitate in thus restraining a patient, merely to gratify the ultraism of fanatical excitement and visionary theories of liberty. Moreover, we think that a just regard to the safety of the public or of the patient himself, authorizes the retention for a longer period than usual of individuals,

who, whilst insane, have committed homicide or attempted self-destruction; for the risk involved in permitting a person to go at large, in whom propensities so dangerous might be still latent, is sufficiently great to require a conviction approaching certainty on the part of a superintendent that the mental disturbance is removed at the time of discharge.

“Having assigned the reasons why a person when insane should be subject to confinement, it remains for us to look somewhat in a contrary direction, by turning the view to abuses which have attended the exercise of this power of isolation. Individuals merely eccentric, or altogether unaffected in mind, have been incarcerated, not for their own good nor for the safety of the public, but only with the pretence of insanity to carry out evil designs on their property, or to serve some other unholy purpose. This has been the occasional result in many foreign countries, though we have scarcely heard of any cases of the kind in the United States. As concerns American asylums, the very few supposed examples in which a portion of the public have deemed otherwise, in our opinion were wholly fallacious.

“There are, then, two purposes to aim at, in instituting legal provisions for the confinement of the insane. First, that the advantages inuring to hospital treatment, and particularly as regards recent cases, should be fostered, as far as possible, by a wise legislation. And secondly, that all abuses should be subject to correction, by the invariable establishment of a watchful and entirely paramount supervision—a supervision by its characteristic features, removed to as great an extent, as is feasible in human affairs, from the probable action of selfish motives. With regard to the first of these principles, circumstances must so vary its action, that we have no space to enter into details. For example, the means of support possessed by an asylum, or by the patients therein, the extent of a country, the reputation of an institution, and other modifying influences. On the whole, it may be remarked, that whilst the laws, in appointing an authority to judge of a person’s sanity and take the responsibility of confining him, should be such as will ensure the deliberate action of an unbiassed tribunal, at the same time they should never be so complicated or of a nature that would create difficulties in sending an insane patient to a hospital, at an early stage of his mental disease.

“Perhaps some legislation is needed here in most communities; for it is a common cause of complaint with medical superintendents, that the insane are but too often kept back from asylums, until they have become wholly incurable. Respecting the prevention of false imprisonment, the great measure for this end is embodied in an aphorism of Millingen, to the effect that ‘All lunatic asylums, whether public or private’



should be placed under the immediate care of government.' With regard to the steps made necessary for restrictions on the insane elsewhere than in an asylum, a carefully devised local tribunal is not an entirely sufficient safeguard against corruption; there should also be some central authority emanating from the government of a State, and having wide powers of investigation.

"We cannot avoid thinking, moreover, that the free entrance of visitors into asylums, has an excellent tendency in relation to their custodial functions. Under this regulation, in instances in which the reputation of an institution is jeopardized, pre-conceived notions on the part of communities, or an entire want of previous reflection, are not so liable to exert a pernicious effect. If, for example, the accusation is raised that sane persons are confined in the demesnes of a hospital, there will be most probably, a number of visitors who can contradict such a report. We waive here the question as to the moral influence upon the insane, from the introduction of visitors, but would simply remark, that our opinions on this point have been heretofore expressed, and that our views and experience are directly opposite to those of most of our medical brethren.

"In conclusion we may venture to observe, that although as to the confinement of persons in asylums, public opinion is often in the wrong, yet caution is requisite from the managers of those charities, lest an institution should be placed here in a false position. If the opinion and action of the public are evinced decidedly against the confinement of an individual as being an unfit subject for the process, although to those experienced in the symptoms of insanity the reverse may seem clear; admitting also, that the legal right of restriction is fully in the hands of those having charge of an asylum, it is still, to say the least, doubtful whether this right should be exercised.

"The matter evidently stands thus: so far as the welfare of the institution is concerned, it makes no difference whether the supposed lunatic is committed to its care or not; but by insisting on the use of a lawful power, it inevitably gives color to the accusation of improper motives. In our judgment it would be better to yield to the wishes of the community, at the same time making a public protest against the erroneous train of ideas by which they are deceived. This we believe, too, is the proper course, not only to avoid the false imputation to which we have referred, but for the especial reason in addition, that in a republic, respect is always due to the opinions of the people."



## ARTICLE IV.

INSTITUTIONS FOR THE INSANE IN PRUSSIA, AUSTRIA AND GERMANY.\*—By PLINY EARLE, M. D., late Physician to the Bloomingdale Asylum for the Insane, New-York.

## P R U S S I A .

In giving a list of the institutions, their German titles, so far as I am acquainted with them, are retained, both as a matter of convenience for future reference, and because, in some instances, it would be difficult to translate them literally, and retain their signification; while, if it be attempted to preserve their meaning, the title becomes a phrase, somewhat too prolix.

## 1. RHENISH PROVINCES.

Provinzial Irren-Heilanstalt, at Siegburg.

“ Irren Versorgungsanstalt, at Andernach.

Provinzial Irren Versorgungsanstalt, at Dusseldorf.

Aununziaten Anstalt, at Aix La Chapelle.

Barmherzige Brueder Anstalt, at Aix La Chapelle.

Land-Armenhaus, at Treves.

Privat-Irrenanstalt, at Endenich.

## 2. WESTPHALIA.

Provinzial Irren Heil-und-Pflegeanstalt Marsburg, at Marsburg.

Irren Pflegeanstalt, at Gesecke.

\* Continued from page 150.

## 3. PRUSSIAN SAXONY.

Provinzial Irren Heil-und-Pflegeanstalt, at Halle.

## 4. POMERANIA.

Irrenheilanstalt, at Griefswald.

Irrenanstalt, at Stralsund.

Irrenanstalt, at Rugenwald.

## 5. BRANDENBURG.

Charité-Irrenheilanstalt, at Berlin.

Arbeits-haus, at Berlin.

Privat-Irrenanstalten, at Berlin.

Landes Irrenanstalt, at New Ruppin.

Irrenanstalt, at Sorau.

## 6. SILESIA.

Provinzial Irren Heil-und-Pflegeanstalt, at Leubus.

“ Irren Pflegeanstalt at Brieg.

“ Irren Pflegeanstalt, at Plagwitz.

Allerheiligen Krankenhaus, at Breslau.

## 7. POSEN.

Provinzial Irren-Heilanstalt Owinsk, at Posen.

## 8. EAST PRUSSIA AND LITHUNIA.

Irrenanstalt, at Koenigsberg.

Irren-Heil-und-Pflegeanstalt, at Paterswald.

## 9. WEST PRUSSIA.

Irren-Heil-und-Pflegeanstalt, (proposed) at Schwetz.

## 1. RHENISH PROVINCES.

### THE INSTITUTION AT SIEGBURG.

The Hospital at Siegburg is more generally known, in the United States, than any other similar institution in middle Europe, principally through the writings of its Superintendent, Dr. Maximilian Jacobi. Hence a very minutely detailed description is unnecessary.

The town of Siegburg is upon the river Sieg, about four miles above its confluence with the Rhine. It is sixteen miles eastwardly from Cologne, and five miles northerly from Bonn. Upon its borders, an isolated hill, called the Rock of St. Michael, rises abruptly, from the surrounding plain, to the height of about two hundred feet. Its declivities in many places present the bold outlines of rugged and precipitous cliffs, and the Hospital crowns its summit. Thus elevated, it commands a prospect extensive, diversified and picturesque, including the adjacent country, the Sieg, the Rhine, Bonn, and the Siebengebirge, or Seven-Mountains, one of which is

“The castled crag of Drachenfels,”

immortalised in the verse of Byron, and in the legendary tales of the country.

The sides of the hill belong to the institution, and, where the cliffs present no insurmountable impediment to cultivation, are handsomely laid out, in some places into fields of grass, in others into gardens, planted with vegetables, flowers, shrubbery and trees. Shady avenues furnish delightful promenades in summer, and ter-



paces among the cliffs command agreeable views. The quantity of land is equal to about fifty Magdeburg acres.

The buildings were originally erected and occupied as a monastery, which was founded by Archbishop Hanno, of the Benedictine Order, in A. D. 1051. Upon one of the more modern, the date of its construction, 1651, is still to be seen, in enormous iron figures. The buildings are not only old, but irregular, and, measured by the present degree of knowledge in regard to such establishments, but poorly adapted, by their position and internal architecture, to the purpose for which they are now occupied. He who, after reading Dr. Jacobi's description of a model institution, shall visit this with the expectation of finding something to correspond with the ideal presented in that excellent treatise, or who comes from the newly-erected establishments in Great Britain or America, in the anticipation of seeing them excelled, or even equalled, will certainly be disappointed. But perfection of architectural arrangements, although a valuable aid, are not absolutely essential to good discipline, or to skilful medical and effective moral treatment. As Siegburg was the first, so it has been the most celebrated of the curative institutions for the insane in Prussia. Its foundation, in 1825, formed a memorable epoch in their history, and its reputation was soon disseminated throughout enlightened Europe. In all the German States, it has had, until recently, no rival competitor other than Sonnenstein. At the present time, however, this has become a matter of history,—a memory of the past. Progress in the art as well as the science of the treatment of mental alienation, has brought into existence other hospitals, erected for the specific object, and conducted by men whose qualifications—be it said without detriment to

either party—are not inferior to those of the learned Jacobi.

The expense of repairing the buildings of the old Abbey at Siegburg, and adapting them to their present use, was 106,536 thalers. They were intended for the accommodation of two hundred patients. The rooms, excepting in the department for the violent, are very large. Their floors are of wood, generally painted; but those of the corridors are stone. The apartments for high-priced patients are supplied with sofas, and other furniture to correspond, with the exception of carpets. The bedsteads are mostly iron.

The food is carried by hand from the kitchen, (which is in the basement,) being previously measured into rations for the patients. The practice last mentioned has its origin in the method by which the food is supplied. The institution contracts with a restaurateur to occupy the kitchen and furnish meals of a certain general description, the quality varying for the several classes of patients, at so much per ration. The food is cooked by steam.

The bath-room is large, but its implements rudely constructed and inconvenient. There are no partitions between the tubs; and several of these are of stone, six or eight inches in thickness. A metallic cistern, large and deep, is used as a plunge bath. The shower has no enclosure. The patient subjected to it involuntarily is confined in a strong chair beneath it. One of the greatest inconveniences of the elevated position of the establishment, is the difficulty of obtaining an adequate supply of water.

The salaries of the officers are as follows. Superintendent, 2,130 thalers, and dwelling. Assistant-Physicians, 780 and 340 thalers; Protestant Chaplain, 460; Catholic do, 400; Steward, 800, Oekonom 550 thalers.



The foregoing are furnished also with apartments. The following have both rooms and board ; Secretary, 200 thalers ; First Male Supervisor, 150 ; 2d do, 90 ; Female Supervisor, 120 ; Teacher, 100 thalers.

The price of board for patients varies from 175 to 525 rix dollars, per annum, for natives of the province ; from 250 to 625 for those of other Prussian provinces ; and from 300 to 675 for foreigners. The poor are clothed by the institution. With an average of two hundred patients, there are forty-two attendants, exclusive of the supervisors. The whole number of employés, including officers, is seventy-four ; the annual expenses of the establishment, from thirty-five to forty thousand thalers.

Manual labor is here, as generally, elsewhere, considered the most effective of the curative means ranked under the head of moral treatment. A large part of the patients work. They are given to understand, soon after admission, that this, as a matter of course, is expected of them. Tobacco and snuff are given as an inducement, or recompense, to those who labor. The men of the higher classes of pay-patients keep the walks in the gardens and other grounds clear, and engage in various light agricultural and horticultural employments.

Among the out-of-door amusements, I noticed one which is a favorite of the people of France, and often seen in the Champs Elysées, at Paris, and, on fête days, at the surrounding towns and villages. It consists in shooting, generally with cross-bow and arrow, or slug, at a bird, either real or artificial, attached to the top of a pole, some thirty feet in height.

The patients have the use of a library. Parties, with the presentation of gifts, are given upon holidays ; and theatrical exhibitions furnish entertainment during some of the winter evenings. The patients are instructed in



literary knowledge and in music. Pianos and other instruments are not wanting. The officers of the institution have published a book\* of selections from the best German songs, specially adapted to the use of the patients. It has been introduced at Illenau, Winnenthal, and probably at other institutions.

Prayers are read every morning and evening, and religious services performed, both forenoon and afternoon, on the Sabbath. The chapel, an old gothic building, is large enough to accommodate several hundreds of persons.

The several wards of the Hospital are named after physicians distinguished in the field of insanity, and, over the doors of the patients' rooms, are the names of some virtue or commendable quality; as resignation, obedience, tranquillity, peace, silence, order, &c.

The camisole and the "tranquilizing-chair," are the principal means of bodily restraint. The chair is simple in its construction, being made of plank, so thick as to defy any ordinary efforts to break it. It is cushioned and padded. The patient being seated in it, a partition separates his legs, a door is closed in front of them, and a lid shuts over the knees. There are no attachments for confining the hands. The camisole is used for that purpose, when necessary.

On the 30th of September, 1844, the number of patients in the hospital was—

	Males.	Fem.	Total.
Admitted in two years, .....	128 180	82 137	210 317
Whole number,	308	219	527

\* Deutsche Liederlust. Eine Auswahl der vorzueglichsten Volkslieder, mit einstimmigen Tonweisen, fur gesellige Kreise.

	Males.	Fem.	Total.
Discharged, Cured, .....	80	76	156
“ Improved, .....	9	6	15
“ Incurable, .....	91	50	141
“ “ Went out before cured,” .....	2	0	2
“ Died, .....	10	9	19
Remaining, Sept. 30, 1846, .....	116	78	194
Of those admitted, Were single, .....	103	73	176
“ Married and widowed, ....	77	66	143

The subjoined table, furnished by Dr. Jacobi, is one of the most valuable contributions ever made to the statistics of insanity.

	Males.	Fem.	Total.
From Jan. 1st, 1825, to Dec. 31st, 1845, the number of patients cured was, }	377	284	661
Living at the end of this period, and have had no relapse, }	169	153	322*
Relapsed and cured again here,	79	48	127
“ and not yet cured,	5	6	11
“ and become incurable,	34	30	64
Died, without a relapse,	43	25	68
“ in a relapse,	39	18	57
No information received from	8	4	12

The American traveler, if a lover of the picturesque, might come to Siegburg to enjoy a landscape rarely equalled; but if he be a physician, seeking merely improvement in his profession, the principal attraction is an acquaintance with the Medical Officers of the Institution.

Dr. Jacobi is somewhat advanced in years,† yet his frame is still robust, his presence commanding, his man-

\* This table was taken from the *Annales Medico-Psychologiques*. Our impression is, that Dr. Jacobi, in the original article, states that of these 322 patients, 3 men and 7 women, a total of 10, had relapsed and recovered again without being brought to the Asylum. This table has also appeared in vol. viii., page 96, of the *American Journal of Insanity*.

† On the 21st of March, 1847, a “Jubilæum” in honor of the day, as the fiftieth anniversary of the Doctorate of Maximilian Jacobi, took place at Siegburg. It was attended by distinguished persons, not of Germany alone, but also of England and France. Among the latter were Sir Alexander Morison, of the Southwark Asylum, London, Samuel Tuke, Dr. Corsellis and his wife, of the Wakefield Asylum, and Dr. Falret, of the Salpêtrière, at Paris. In the morning, a procession composed of the former physicians, chaplains, and other officers, the subalterns and many of the patients of the Institution marched to



ners unpretending and affable, yet stamped with the seal of manly dignity. His resemblance to Dr. S. B. Woodward, late of the Massachusetts State Hospital, is remarkably striking. He was temporarily indisposed, and did not visit the patients during the two days upon which I was at Siegburg. I saw him, however, at his residence, a detached dwelling, embowered in trees and shrubbery, upon the declivity of the hill. During the course of conversation he remarked that many of the Prussian physicians bleed, in cases of mania, but that the practice is deleterious, frequently confirming rather than meliorating the disease.

Of every hundred cases of recovery in the hospital he thinks that no more than twenty are effected by med-

the residence of the Doctor, to "wish him joy." After the usual Sabbath services in the chapel, he was saluted by the deputations of the civil and military officers of the city and the province, of the Royal Military College, the General Commander of the Eighth Regiment of the Army, and of the Governments of Coblenz, Treves, Aix la Chapelle, and Dusseldorf; the Chief President of the Royal (Provincial) Government, at Cologne, being at their head. The guests afterwards assembled in a hall in the city, and partook of a dinner which, as at many other public celebrations, was enlivened by toasts and songs. The festa was closed in the evening by an illumination, and a musical and theatrical entertainment in the Asylum.

The occasion was seized, on the proposition of Dr. Mansfield, formerly assistant physician at Siegburg, but now connected with the Asylum at Brunswick, for the formation of a Society, under the name of "The Jacobi Foundation." The object of this Association is "the improvement of the care of the insane, by improving the attendants in the Rhenish provincial curative institution, Siegburg. This object is to be attained, firstly, by giving premiums, on each anniversary, to such attendants as, by enduring faithfulness in the discharge of their duties, in reference to which prominent acts of self-sacrifice will be considered, have distinguished themselves; and, secondly, by elevating the moral and intellectual education of the attendants." A subscription amounting to ninety-five rix dollars was raised at the time, and is to be increased by further contributions.

Dr. Jacobi was also honored, upon the occasion, by the grant of the Order of the Red Eagle, of the third class.

In regard to the Jubilee, a writer in one of the Rhenish journals, says: "It was a beautiful feast—a feast for the recognition of enduring, quiet, unwearied, and spiritually imbued labor, a labor the widely-comprehending signification of which can only after a long time be fully felt, and then, in the hearts of those alone who know how to appreciate such philanthropy because they, themselves, possess it. May the Rhine-provinces, may Germany, may all mankind never lack for men who, kind and virtuous, give up their lives to the service of suffering humanity. Their day of honor will not fail to come, although they may not seek for it."



ical treatment. The remainder are attributed to the hygienic, disciplinary and moral means. During the last few years he has employed opium with benefit, in melancholia, but not in mania. He sometimes uses setons, but only as a dernier resort. A more favorite external remedy, and one in which he appears to place great confidence, is tartar emetic. The vertex of the head being shaved, antimonial ointment is applied to it, upon a surface of the size of a dollar, until it produces ulceration. If the ulcer has become deep, with swelling of the integuments of the scalp and forehead, and threatening injury to the bone, the application must be suspended. He related the case of one man who was subjected to this treatment. The patient had been insane more than two years, and had constantly been under the hallucination that he was the owner of four hundred ships. After the ulcer upon his head had discharged for some time, he was improved in every respect and the number of his ships had diminished to one hundred. The scalp was permitted to heal and improvement ceased. Six weeks afterwards the antimony was resumed and the discharge re-established. The patient soon lost his one hundred ships, and was cured.

Dr. Jacobi remarked that he always hails with pleasure the appearance of intermittent fever among his patients, since it generally results in the permanent cure of several of them from their mental disorder. He frequently has women, in whose cases the menses have been suppressed, recover from their insanity before the re-appearance of that discharge. It generally returns, however, soon after recovery. He spoke of the great utility of judicious chaplains in an institution for the insane, but of the absolute necessity that they should be subordinate to the presiding medical officer.

Dr. Augustus Focké, the Second Physician, though still quite young, appears to combine an excellent judgment with extensive erudition in the branch of the profession to which he is devoted. He has not only visited all the principal hospitals for the insane throughout the countries in which the German language is spoken, but has passed five months in some of the best of similar institutions in Great Britain. He speaks English with fluency, and I am indebted to him for much information, both of fact and opinion. A portion of this is embodied below.

The German physicians study mental diseases very thoroughly and minutely. At Siegburg, a consultation of all the physicians of the institution is held upon every case, soon after admission, and as frequently, afterwards, as circumstances require. Local bleeding upon the back of the neck is occasionally prescribed, and sometimes, though rarely, the head is shaved and cups applied to the scalp. Mania frequently originates in, or is accompanied by debility, and venesection is consequently, as a general rule, injurious. Those physicians who bleed in these cases "kill their patients." The warm bath is preferable to the cold in mania, but the reverse obtains in melancholia. The cold plunge-bath is useful in the latter, but injurious in the former. Some physicians give too much medicine in mental disorders. "They appear to regard the stomach as a kind of post-office, for the deposit of missives directed to each and every organ of the body."

The miasma of the country around Siegburg produces much intermittent fever. It causes *some* cases of insanity, but cures *many*.

A few cases of paralysie générale have so far recovered, at this institution, as to be able to return to their homes,

They have, however, without exception, been readmitted. Dr. F. has never known an instance of cure. Patients suffering under this malady should have a generous diet, but not be permitted to eat too much. Bleeding them, either locally or generally, is detrimental. The only medication from which he has observed beneficial effects, is strychnia. This overcomes the habitual costiveness which almost invariably accompanies the disease. Dr. Focké is a contributor to the *Journal for Psychiatrie*. Among his articles see one upon "Typical Insanity" and another "On deciding upon the Incurability of Insanity."

#### ASYLUM FOR INCURABLES, AT ANDERNACH.

The ancient city of Andernach is upon the bank of the Rhine, about forty miles above Cologne and twelve below Coblenz. It nestles, as if for shelter from the winds, under the eastern extremity of the first range of basaltic mountains, upon the southern shore of the time honored, "wide and winding river" which flows before it. The scenery of its neighborhood is among the most romantic of all for which the region of the Rhine is so justly celebrated, while its cathedral church, erected in the twelfth century, and its still more ancient city walls, with their massive towers and imposing gateways, furnish mental aliment to the lover of the mementoes of olden time.

The Asylum for the insane is about one mile from either the eastern or the western gate of the city, and may be approached from either of them. It is built upon the remains of the Abbey of St. Thomas, the chapel of which is now occupied as the workshop of a cabinet maker. The principal edifice is not very old, and is built in a plain and economical manner. It is mostly



divided into wards which accommodate from twelve to twenty persons each ; and every ward has both a dormitory and a day room, the latter also used as a dining-room. The corridors, which are very narrow, generally run through the middle of the building, with apartments upon either side. The windows are guarded, externally, by upright iron bars. The bedsteads for the quiet patients are strong, plank bunks, the tops of the sides being a little scooped. Each is furnished with two mattresses, one straw, the other horse-hair. The beds were all neatly made up, and the linen very clean and white. The stoves by which the wards are heated, are placed in the rooms occupied by patients, but open, through an aperture in the wall, into the corridors, where they are supplied with fuel by the attendants. The ceilings are only of medium height, and, with the exception hereafter mentioned, there is no means of ventilation except by doors and windows,—a defect which, in some departments, was very evident. This obviously arose from architectural deficiencies, since every thing else bespoke the most strict attention to cleanliness.

About seven-eighths of the patients sleep in associated dormitories, accompanied, in each, by an attendant, whose bed is separated from the others by a wooden lattice.

The departments for the violent have eight rooms for men and ten for women, arranged upon but one side of the corridors. The doors open into the rooms, and are fastened by locks alone. In each of them there is a small door, or *guichet*, through which the occupant may be observed or fed. Above the door there is an opening for ventilation. The windows of the corridors are low, but protected, internally, by strong wire-gauze. Those of the rooms are near the ceiling, and the sash

of each turns upon an axis. Strings for opening and closing them pass along the ceiling into the corridor. The bedsteads are iron. In each room there is a table and a seat, both fixed to the floor. The seat answers the further purpose of a close-stool.

There are now one hundred and twenty patients in the asylum, more than half of whom are women. They are all from within the jurisdiction of the government circle of Coblenz, and many of them have formerly been at Siegburg. Although the institution is intended for incurables alone, yet cures occasionally are effected. A physician, Dr. Lux, who resides in Andernach, visits the asylum. I did not see him, and learned nothing of his method of treatment. There is a bathing room connected with the establishment. Neither beer nor wine is given to the patients, unless upon prescription by the physician. Snuff and tobacco are used by them, but smoking, as I was informed, is not permitted within doors.

The camisole, iron wristlets, or hand-cuffs, and the "tranquilizing chair," similar to those at Siegburg, are used for bodily restraint. No patient was subjected to either of them, at the time of my visit; but some were confined in their rooms. One of the chairs had attached straps, for confining the arms, both above and below the elbows, and another, broader and stronger, to pass around the waist.

The men work some, though apparently not to a great extent. A beautiful inlaid, mahogany table, the workmanship of one of them, was shewn to me. The women, besides performing much of the domestic labor, make the clothing for all the patients. They were all, both men and women, neatly clad, without a visible rent as "an accident of the day," or a patch, "the premonitory indication of poverty."



The facilities for amusement are but few, and there are no public religious services at the asylum. Some of the patients attend church in Andernach.

#### ASYLUM FOR INCURABLES, AT DUSSELDORF.

Leaving the city of Dusseldorf through the *Berger Thor*, and following the road, for half-a-mile, along the banks of the river, one arrives at a point where the waters of the river make a turn so abrupt, and run with such rapidity as to justify its designation as a "winding" and "rushing" stream.

Near the elbow of this curve stands the Dusseldorf Asylum for Incurable Insane. The building was erected for manufacturing purposes, and so occupied until remodeled and opened for the reception of patients in 1826. Its ground-plan is similar to the letter H; its height two stories. It is neither imposing nor elegant. It is surrounded by a high, brick wall, and the yard by which it is approached in front, after entering within the wall, is occupied by the men-patients as an airing court. The quantity of land belonging to the establishment, is barely sufficient for small courts for the patients, and a vegetable garden.

The corridors of the building are next to the wall, with rooms upon the opposite side. The windows are generally, low, and guarded, externally, with upright iron bars. The doors fasten with spring-locks. The floors are wooden, and were all neatly sanded. Stoves are the only apparatus for heating, and there is no special arrangement for ventilation. The bathroom has one tub, made of wood, a douche and a shower-bath. The patients of each sex take their meals together, in a large hall upon the ground-floor. These halls also serve as day-rooms. The dormitories are in the second story, and contain from



two to fifteen beds each. The bedsteads are mostly iron, the beds, horse-hair. I have rarely seen a pleasanter or neater dormitory, in a public institution, than that which is here occupied by the better class of women. It contains sixteen beds, one of which is for an attendant, and beside each stands a handsome, cane-seated chair. The bedsteads are modeled after the French, and made of wood, nicely varnished. They are arranged in two rows, parallel to the side walls, but so far removed from them as to permit a person to pass. There is a middle alley, sufficiently broad, between the two rows, and a convenient space between any two approximate beds.

In the men's dormitories, a spittoon stands beside each bed. The bedsteads are moveable. I did not go through the departments for the violent. The camisole, iron hand-cuffs, and the "tranquilizing chair," of similar model to those at Siegburg and Andernach, are used for bodily restraint.

The Asylum has no chaplain, and no religious services. Of the patients, the men work but little except in assisting in the performance of household labor. The women knit, and make all the clothing worn by themselves. Some of the men were playing cards, and I was informed that this is their principal amusement. Tobacco and snuff are permitted among the patients. Beer is given only when prescribed by the physician.

The present number of inmates is one hundred and ten, of whom fifty-eight are men, and fifty-two women. The men have three attendants. One of the women is blind, having been deprived of vision before she became insane.

The physician, Dr. Bournyé, who visits the Asylum,—only, however, when he is called—lives in Dusseldorf. I called at his house, but he was out of town. Upon appli-

cation at the Asylum, the principal resident officer willingly and immediately accompanied me through the establishment. Although it was not ten o'clock in the morning, every room was in perfect order, and the patients neatly dressed in clothing which required no mending.

#### ASYLUMS AT AIX LA CHAPELLE AND TREVES.

I have been told that each of the two establishments at Aix La Chapelle, will accommodate from fifty to sixty patients; and that there are from one hundred to one hundred and twenty-five in the department for the insane in the Almshouse at Treves.

#### PRIVATE ASYLUM, ENDENICH.

In November, 1844, Dr. Richarz, formerly, and during a period of eight years, second physician at Siegburg, opened a private establishment for the insane, at Endenich, Poppelsdorf, in the Government Circle or District of Bonn. The prices of admission are five hundred, six hundred, and seven hundred thalers per annum. Grounds to the extent of seven acres, partly planted with grapes and partly with ornamental trees and shrubbery, are connected with the Asylum. Dr. Richarz is an advocate of small, rather than large public institutons, as will be perceived by the title of an essay, mentioned in the introduction, which he read before the Psychiatrial Association.

There are three other private asylums within the limits of the Rhine-provinces. They are at Bonn, Eitorf and Moers, and have all been established within a few years past. The second belongs to Dr. Meyer.

## 2. WESTPHALIA.

## THE MARSBERG INSTITUTION, AT MARSBURG.

An old Franciscan Monastery was occupied by the patients at Marsberg, until the year 1835, when they were removed to a new building erected as a hospital for the insane, both curable and incurable. It is situated upon a hill in the vicinity of the city of Marsburg, and, unlike some of the other Prussian institutions, has a bountiful supply of water. It is of the H form, and consists of two stories, exclusive of the basement. The parallel wings are chiefly occupied by patients; the connecting building by the assistant physician, other subordinate officers, and convalescent patients of the higher classes. The superintendent resides in a detached edifice.

The corridors are twelve feet wide, with rooms upon but one side, and a window opposite the door of each. The floors are wood. Part of the windows have iron sashes, glazed. For the promotion of ventilation, the upper sash is so arranged that it can be brought a little forward, or inward, thus making a small aperture. The sashes of the rest, are wood, to the back side of which strips of iron are attached, and concealed by paint. Part of the establishment is heated by hot air furnaces, part by water, in ascending and descending pipes, and a few rooms by stoves. The higher classes of pay-patients have large private apartments, each of which is furnished with bed, washstand, table, two chairs, sofa and looking-glass. All the others live in departments, or wards, each of which can accommodate eight persons besides the attendant. Each department has a common day and dining-room, and a dormitory. The attendant's room is between the two, and overlooks them by windows. Both wooden and iron bedsteads are used. They are all furnished



with hog-hair matrasses. These are somewhat cheaper than horse-hair. The bathrooms are commodious, and are supplied with douches and other appropriate apparatus.

Labor is the prominent element of moral treatment. During the warm season, the men chiefly work upon the farm. In winter they are employed in tailoring, shoe-making, weaving, and plaiting mats and chairs of straw. The women are occupied by household duties and the labors of the needle. The jacket and the strong-chair are the usual implements of restraint. To prevent injury from falls, in epileptic cases, the patient's head is surrounded with a cushion well-stuffed with horse-hair.

The series of questions intended as a formulary for the history of cases, prior to admission, is far the most elaborate and minute that I have ever seen.

On the 1st of January, 1845, the number of patients at the institution was —

	Males.	Fem.	Total.
	168	127	295
Admitted in 1845 and in 1847, } omitting 1846, }	153	115	268
Discharged cured,.....	49	30	79
“ not cured,.....	23	7	30
“ improved,.....	6	3	9
Removed to other receptacles,.....	23	28	51
Died,.....	41	18	59
Remaining December 31, 1847,.....	178	137	315

In August, 1837, the population of the establishment was as follows: Principal officers, 5; subordinate officers, 9; attendants, servants, &c., 45; patients, 327.

In 1844, the expenses were about 26,000 thalers; the income 16,000. The deficiency was defrayed by a tax upon the inhabitants of the province.

The superintendent, Dr. William Ruer,\* receives a salary of twelve hundred thalers, besides a dwelling and

\* Dr. Ruer is the author of a work entitled, “*Irrenstatistik der Provinz Westphalen, mit Hinweisung auf die medicinisch-topographischen Verhaeltnisse gaemmtlicher einzelner Kreise derselben.*” It was published at Berlin, 1837.

rooms for four pay-patients. The second physician, Dr. Knabbe, has five hundred thalers, rooms and fuel. Besides these officers, there is a house-surgeon and a chaplain. The latter does not reside at the institution.

The payment, for paupers, is twenty-five rix-dollars per annum. This includes the expense of clothing.—Others, if natives of the province, pay from fifty to one hundred and seventy rix-dollars; if from other provinces, or foreigners, from one hundred and seventy to three hundred and twenty-five.

#### ASYLUM OF GESECKE.

The asylum of Gesecke, near Paderborn, is under the care of Dr. Schupmann. It is occupied mostly by old cases, incurables and epileptics. During the two years of which the reports have come under my observation, no patient was cured. Sixty males and fifty-six females were in the establishment in the course of the year ending in October, 1844. Seventeen of the former, and fifteen of the latter were epileptics. In October, 1845, the number of patients was one hundred and two. In one of his earlier reports Dr. Schupmann wrote encouragingly of setons in the treatment of epileptic patients. "With those who had them, the fits were more rare, less severe, and of shorter duration, and in one, whose attacks had been frequent, no fit has for a long time occurred. Even his mental condition is improved." In subsequent reports, however, no mention is made of cures, and the treatment of epilepsy is referred to as being merely palliative. An article upon epilepsy, by Dr. Schupmann, may be found in the second volume of the *Journal for Psychiatrie*.



## 3. PRUSSIAN SAXONY.

## INSTITUTION AT HALLE.

Until within a few years, the only receptacle for the insane, at Halle, was a building formerly used as a prison. About sixty patients were generally confined in it. The government of the Province of Saxony, having determined to found a large institution for both curables and incurables, fixed upon the neighborhood of this city as its location, and appointed Professor Damerow, not only as its future superintendent, but also as a commissioner to design a plan and oversee the construction of the buildings. Thus sprung into existence the present excellent institution, intended for four hundred patients. It was opened in 1843.

A droskey, to be found in the market-place of Halle, will take one to its door in about twenty minutes. It stands upon a hill, elevated perhaps forty or fifty feet above the level of the surrounding plain. The buildings are stone, rough-cast, and painted of a deep straw color. Their general plan is that of a rectangle, or parallelogram, the longer side of which is between five and six hundred feet; the shorter, not far from four hundred. One of the longer sides is the front, and in the middle of this is the residence of the superintendent. In the centre of the enclosed area, stands a building which contains the bath-rooms, kitchen and store-rooms. The corridors which extend from this, laterally, to the main building, divide the area into two equal parts. The section of the whole establishment in front of this is occupied by curable patients; that in the rear, by incurables. In each section the men are at one extremity, the women at the other. In front, the men's department is separated from that of the women by the residence of the superin-



tendent; in the rear, by a series of workshops. The buildings occupied by the curables are connected with those of the incurables by an intervening corridor.

The general internal architectural arrangement is that of but one series of rooms, with a corridor, eleven feet wide, next to the opposite wall. The ceilings are about thirteen feet high, the floors and doors generally of oak. The windows have double sashes, the internal one of wood, glazed, and opening in four compartments, upon hinges; the external, of iron, and unglazed. None of them are protected within. This description, however, does not apply to the department of the violent, to be subsequently described. The stair-cases are worthy of remark for their ample width, and their gently-graded ascent. Wooden cupboards and closets stand in the corridors, throughout the establishment, as none were introduced into the architecture. The corridors are also used as dining rooms. The heating is by local apparatus, earthen stoves or furnaces. There is no special arrangement for ventilation. The bedsteads are iron; the chairs of the common Windsor form.

The higher classes of patients have each a special apartment, containing a sofa, and other furniture to correspond; but no carpet. The great majority of the inmates, however, occupy halls in common, and sleep in associated dormitories. Dr. Damerow disapproves of isolating the insane, unless violent, from their fellows. They require companionship, and society, as necessarily as persons in mental health.

The departments for the violent are in the rear of the parallelogram formed by the other edifices, and, with an intervening corridor, constitute prolongations of its shorter sides. They are but one story high. Each contains a suite of nine rooms, eight for patients, and one for the

attendant, surrounded by a pass-way between them and the external walls. In front of them, this passage is a sufficiently broad corridor; at the sides and in the rear, it is perhaps four feet in width. In the rear, the floor is three or four feet higher than in other parts, to enable the attendant to open and shut the windows of the cells, or, through them, to observe the movements of the patients. These departments are heated by hot-air furnaces. The air is admitted through the wall, about seven feet from the floor. At the floor, there is another opening for the escape of foul air. For promoting ventilation, the window and the door of each room are in a direct line between two opposite windows in the external walls.

The yards or courts for the four departments of male and female curables and incurables, are within the area enclosed by the principal edifices; those for the violent, in the rear of the buildings occupied by them.

The bath-rooms are commodious. The tubs are separated by curtains. They are made of zinc, and painted. The water is admitted through two openings, at the bottom of one side, and escapes by a third, in the middle of the bottom. The fassets of the former are below the floor, and can be turned only by a tube-key kept by the attendant. The escape-tube is opened by treading upon a pin in the floor. This pin is connected with the valve by means of a lever beneath the floor. The tubs have knobs, or buttons, around their rims, to which a strong piece of canvass may be attached, to prevent a patient from rising out of the bath.

The position of the kitchen, and its connection, by covered passages or corridors, with the main buildings, has been mentioned. The food is carried to all departments in tin cans, shaped like bailed market or traveling baskets. They are covered, and the sides and bottoms are



double, with an intervening space, filled with boiling water to keep the contents warm.

Dr. Damerow expressed his belief that where, in a large institution, the attendants from all departments are permitted to mingle, and particularly if this be in the kitchen, serious difficulties must arise. I did not ask him if he claimed the idea as original. However, acting upon it, he had the kitchen so constructed that the attendants, although they carry the patients' food, cannot enter it. Neither can those from any one department mix with those from any other. The covered corridors are double. The attendants of the curable men, coming through one of them, receive the food at a window in the end of the kitchen; those from the incurables, coming through the other, receive it at a window in the back side. The arrangements for the females are the same, and a wall in the entry, at the back of the kitchen, separates the attendants of the two sexes.

Bathing is extensively employed as a curative agent; opium but little. Antimony is used, as at Siegburg, to produce artificial ulcers upon the head. There are some cases of *paralysie générale* among the patients. Dr. Damerow did not speak of these, and I forgot to inquire of him in relation to his experience in treating the disease, but the assistant-physician said he had never known a case of recovery.

The construction of the close-stool used at this institution is, in some respects, superior to that of any which has heretofore come under my observation. The basin is metallic, and around its rim, externally, there is a depression, groove, or channel, perhaps an inch in depth, partially filled with water. A corresponding metallic ring, or hoop, is attached, by its edge, to the under side of the cover, and, when this is closed, dips into the water, and thus entirely prevents the escape of effluvia.



A very large proportion of the patients work. About twenty of the women were in the kitchen, preparing vegetables and otherwise assisting in getting dinner. Many others were knitting and sewing. There are several shops for artisans, but I did not go into them. A large number of the men work upon the farm, which produces all the vegetables consumed in the establishment, besides many for market. Tobacco is given to those who labor. Draughts, chess, cards and a library are among the resources for amusement and instruction.

A teacher, and chaplains are connected with the institution, and perform their respective duties towards the patients.

Dr. Damerow emphatically pronounces his disapprobation of the attempt entirely to abolish the use of mechanical implements of restraint. He employs the camisole, and leathern straps, and muffs; but I saw no strong chairs. He talks very freely with the patients in regard to their mental condition; tells them that their ideas are false, when they are so, and that they must relinquish them before they can hope to return to their homes. The present number of patients is 262, of whom 158 are men, and 104 women.

Dr. Damerow, as already mentioned, is the principal editor of the "*Journal of Psychiatrie*. The publication could not be entrusted to a more competent person. Dr. Leubuscher, until recently the second physician of the Asylum, but now in private practice at Berlin, is the author of a work upon the pathology of insanity,\* and of various essays in Damerow's *Journal*. Among the latter are one upon "*Convalescence in Mania*," and another "*Upon the so-called Erysipelas auriculæ of the Insane*,"

\* *Grundzuge zur Pathologie der psychische Krankheiten. Erlautet an Krankengeschichten.* Berlin: 1848.

in volume third, and one on "Abulia" in volume fourth. The reviews of the Annual reports of American Asylums and of the Journal of Insanity, are also generally prepared by him.

#### 4. POMERANIA.

##### INSTITUTION AT GRIEFSWALD.

The establishment at Griefswald was opened on the second of July, 1834. It is intended chiefly for the poor of New-Fore-Pomerania. Persons in easy pecuniary circumstances are not admitted, unless there be rooms not otherwise occupied, and never to the disadvantage of the class for which it was established. Patients whose cases present some prospect of cure are alone received; and, if they be found incurable, they are discharged. The buildings of the institution were formerly a Lazaretto. A garden connected with them is used by the patients, in common with those of the new Clinical Lazaretto. Professor Berndt is the Superintendent. I understand that he gives clinical instruction upon mental diseases.

##### STATISTICS,

From July 2d, 1834, to December 31st, 1846.

	Men.	Women.	
Admitted,.....	145	87	291
Of which cases 56 were relapses and 3 frequent insanity,.....			59
Leaving of persons,.....			232
Of whom there were cured,.....			108
Improved,.....			22
Unimproved,.....			65
Died,.....			37

Nineteen were cases of delirium tremens, of which fourteen recovered, and five died; twenty-two were insane epileptics, and eleven imbeciles. Of one hundred and six cases of less than six months' duration, eighty-two, including fourteen of delirium tremens, were cured. Of one hundred and twenty-six cases of more than six months' duration, twenty-six were cured.

## ASYLUM AT STRALSUND.

Stralsund is a city of about twenty thousand inhabitants. It is situated upon the Straits of Gollen, an arm of the Baltic Sea, which separates the island Ruegen from the Continent. Its Asylum for the Insane, opened in October, 1842, is very small, having rooms for but about thirty patients. The Superintendent, Dr. Picht, is responsible to a Board of Commissioners appointed by the Regency of the Province.

From October, 1842, to the close of the year 1844, thirty-one patients, of whom fifteen were men and sixteen women, were admitted. Ten came from other institutions, eleven had been in various places of detention, and the remaining six were received at the request of their friends. During the same period one patient was discharged and five died, leaving twenty-five in the Asylum. One of them was a deaf mute, and several were epileptics. In 1848, one patient was admitted, but none either discharged or died. Number at the end of the year, men 17, women 16, total 33. Dr. Picht gives the nitrate of silver, in epilepsy, in continued doses of five centigrams, sometimes with beneficial results.

Patients whose condition permits, are employed in manual labor. The Asylum is said to be kept in excellent order. "It never happens," says Dr. Picht, "that a patient spits on the floor, even in the corridors, or throws tobacco-ashes in any other than the proper place. If a *spot* really occurs, the patients shew it to the attendants, or wash it out themselves."

## ASYLUM AT RUGENWALD.

The Asylum at Rugenwald, intended for the incurable insane, and a few infirm of the Government Circles of Stettin and Coeslin, in Old Pomerania, was opened on



the first of April, 1841. The building is new, 137 feet long by 42 wide, and two stories in height, with apartments for about sixty patients. Corridors, eight feet wide, pass lengthwise, through the middle. Twenty-eight acres of land belong to the institution. The Physician, Dr. Steinbauer, is a practitioner in the City of Rugenwald. An Overseer, who acts as Surgeon, resides in the Asylum. From the time of opening to the 31st of December 1837, exclusive of the last six months of 1845, of which I have seen no report, seventy-six insane patients were admitted, of whom fifty-four were men and twenty-two women. Six are reported to have died, but none cured. Thirty-four men and twenty women remained at the close of 1847. Five infirm persons were also admitted, of whom two remained. It appears that the patients were all of the most abject and incurable class. They had, however, been so far improved in their habits and conduct, as to eat at table together.

## 5. BRANDENBURG.

### BERLIN.

In the early part of the eighteenth century, some of the insane of Berlin were kept with paupers and orphans in the Friedreichs-hospital. In 1711 they were removed to the Dorotheen-hospital. About the year 1726, they were transferred to a newly-erected building intended as a workhouse and asylum for the insane. This asylum was enlarged in 1748, and "reformed" in 1766, and, finally, on the night of the 1st and 2nd of September, 1798, consumed by fire. Part of the patients were placed in the workhouse, and the rest removed to the Charity-hospital.

In the earlier periods of this institution, there were religious services for the patients, on the Sabbath. In 1737, the overseers of the poor appointed a special chaplain. He received board, lodging, washing, wood and lights, and a salary of fifty rix-dollars, with the assurance of more if he was faithful in the discharge of his duties. In the course of the next fourteen years, two of the persons who occupied this post became insane, and the office was then abolished. The number of patients, in 1739, was 95. Since the destruction of the asylum, the incurable patients have continued to be kept in the workhouse, and the curables treated in a department of the Charity-hospital. Great efforts have been made for the foundation of a large, relatively-connected, curable and incurable institution, in the vicinity of Berlin; but hitherto without any practical results. "The (royal) Residence, Berlin," says Damerow, "has neither a private establishment, nor a public asylum for the incurable, nor yet a curative institution such as she should have, and should demand."

#### THE CHARITY-HOSPITAL.

The Charity-hospital at Berlin, the theatre of the labors of Dieffenback and Langenbeck, is in the suburbs of the city. The hospital for the insane, one of its departments, is disconnected, by an intervening distance of thirty or forty rods, from the other buildings. It forms three sides of a parallelogram, the longest of which is probably more than three hundred feet, the two shorter, half that length. The latter project in front of the first, and the fourth side is formed by fences and the porter's lodge. The enclosed space is a planted garden used as an airing-ground for the patients.

The building consists of two principal stories, a high basement and low attic. It is intended for the city of



Berlin alone, and has beds for one hundred and sixty patients. The annual average of admissions is two hundred and fifty, and the present number, one hundred and forty-eight. The ceilings are high, the corridors of liberal width, running next to one wall, with a suite of rooms next to the other. The floors are of wood, oiled and generally waxed. The sashes of each window open upon hinges, in four compartments. They are of wood, strong, and some of them overlaid with strips of iron, so accurately adjusted as to be imperceptible except upon close inspection. There are no windows or apertures over the doors. The whole establishment is heated by stoves, and there are no extra means of ventilation. The height and size of the rooms renders such an arrangement less necessary than in some other similar buildings. The patients all sleep in associated dormitories. The bedsteads are of wood, each supplied with an under-bed of straw, and a horsehair mattress. I have never visited an institution which, in all its departments, exhibited more of that perfection of neatness which, although

“ Its language is a silent one,  
More eloquent than words,”

cautions the visitor against the tread or touch unhallowed by cleanliness. The floors are so hard and so smoothly polished that, as at Versailles, and some of the other French palaces, to a person unaccustomed to them, the constant watchfulness and effort necessary to the preservation of an upright position, is actually wearisome.

Much to my regret, I did not meet with Dr. Ideler, the distinguished physician-in-chief to this Institution. I accompanied the assistant-physician and internes upon two of their morning visits. The men patients were dressed in uniform, each wearing a morning gown and striped



pantaloons. They were seated, each at the side of his bed, but rose, as a salutation, when we entered. This, as well as many other things, indicated very perfect discipline.

The camisole, and other restraining apparatus are used, the necessity for them being undoubtedly greater than if there were small rooms for the isolation of the violent. The strong chairs are well cushioned, seat, back, and sides; and the straps attached to them for confining the wrists, arms and legs, so padded as to prevent abrasions of the skin. The bedsteads for the violent differ from the others only by the straps for the shoulders, ankles and body—a wide one passing over the waist—which are attached to them. These straps, also, are softly padded. Many of the beds, even of the less excited, are furnished each with a strap five or six feet in length, to the remote extremity of which a patient may be secured by the ankle, and thus prevented from running around the room.

The physician said that bleeding, in all the usual forms of mental disorder, is not practised at this institution; and opiates are rarely prescribed. He showed me a table of the registered results of a large number of cases in which chloroform had been administered. It is given in both mania and melancholia, generally ten drops at a time, internally. He thinks it has been permanently beneficial; certainly temporarily so, as it has almost invariably produced sleep. In cases of high excitement, tartar emetic is prescribed as a nauseant. It is also much employed as an external irritant, and especially for the production of ulcers upon the scalp. Both moxas and setons are among the remedial agents, but the former are more frequently applied than the latter. Dr. Ideler has published a work upon the use of the moxa, in which he

speaks in the highest terms of its utility, applied along the vertebral column, in cases of melancholia; and also, *as a moral remedy*, in some cases of mania.\* He gives several cases of successful treatment by it.

Great confidence is placed in the hygienic and restorative effects of baths and the douche; and the appliances for giving them are extensive. The douche-pipe is fixed in the end of a flexible tube or hose, ten or fifteen feet in length. This appears to me to be an excellent contrivance. It is easier to direct the stream of water in this way, than to fix the head of the patient directly beneath an immoveable pipe. It has the additional advantage of enabling one to apply the stream to any part of the body. Indeed, it is rarely applied to the head, here, but generally along the region of the spine.

Dr. Ideler has been accused of excessive rigor in the management of his patients, and of the too frequent and imprudent use of the moxa and the douche. It is alleged against him that necrosis of the cranium has sometimes followed the deep ulcers upon the scalp produced by tartrised antimony. It is, of course, impossible for me to measure the justice or injustice of these accusations. His position, however, as the acknowledged leader of the Psychic school, exposes him to the attacks of numerous theoretical opponents, and makes him the target for missiles from various quarters. If a person aims at a high mark, it is generally inferred that he shoots with a good gun. My notes were written before I had heard the slightest intimation of the aforesaid allegations, and were, consequently, unbiassed. I find that here, for the first time in my journey, although this was the eighth German institution which I had visited, it is recorded

\* De moxæ efficacia in animi morborum medela.



that “the patients appear contented and happy”—but the sentence continues,—“as in all the other German asylums. I have hardly heard a complaint or the expression of a wish to go away.” Persons who are acquainted with Dr. Ideler speak in high terms, not of his talents alone, but of his gentleness and amiability of character.

A considerable number of cases of *paralysie générale* have been treated here; but the physician said that none had been cured. There has been one patient who was blind previously to the invasion of the mental disorder.

The patients use tobacco. As I left the hospital, many men were smoking in the garden. I saw none of the men at work, but my visits were at the time of that of the physician, and it is probable that many of them had been employed in putting the wards in order. In a large hall of the women’s department, as many as thirty patients were sewing and knitting. At certain hours of the day, the same hall is occupied for a school, taught by the chaplain.

The men amuse themselves with quoits, cards and other games.

I observed that the physician conversed with some of the patients in regard to their hallucinations. This is said to be in conformity with the practice of Dr. Ideler.

#### WORKHOUSE ASYLUM.

As before mentioned, a department of the Workhouse at Berlin, is devoted to the custody of persons incurably insane. The number in the Asylum at the commencement of 1846, was ninety-six. In the course of the two succeeding years, twenty-four were admitted, seven discharged, not cured, and thirty-five died, leaving, at the close of 1847, seventy-eight. Of the whole number,



fifty-two were males and sixty-eight females. Fifteen of the former and twenty of the latter died.

#### PRIVATE ASYLUM.

The largest private establishment for the insane, in Berlin, is that of Mrs. —, widow of the late Dr. Klinemann. On the first of January, 1847, the number of patients was thirty. Admitted in the course of the year, 24; discharged cured, 12; not cured, 5; died, none.—Remaining at the close of the year, 37. Of the whole number, 20 were males and 34 females.

There are seven other licensed private asylums in the city, five of them conducted by women and two by men, one of whom, Professor Kranichfeld, is a physician.—But the number of patients in all of these “institutions,” on the first of January, 1847, was but twelve. Five were admitted in the course of the year, seven discharged—three of them cured—and, at the close of the year, ten remained.

#### KURMARK.

As early as the year 1793, the Privy State's Minister, Von Voss, impressed with a deep sense of the necessities of the insane in the province of Kurmark, conceived the idea and was the principal promoter of the execution of the plan of furnishing facilities for their care and cure. At his suggestion a census was taken, by which it was ascertained that there were two hundred and twenty-two inhabitants of the province afflicted with mental disorders. Preliminary measures were soon adopted for the construction of a suitable establishment for their accommodation, and in 1798 the buildings were commenced of the institution at New Ruppin.

## INSTITUTION AT NEW-RUPPIN.

The original edifice of this Institution was completed in the year 1800, at an expense of more than forty-three thousand thalers. It is of the L form, and three stories in height, exclusive of the basement. It has rooms for one hundred patients, the longer wing being occupied by men, the shorter, by women. It was opened on the 1st of March, 1801. Dr. Wallis asserts that it was the first building erected exclusively for the insane in Germany (*Deutschland*). I know not how comprehensive a signification he gives to the word, but, if it be intended to include Austria, he is mistaken. The *Narrenthurm* at Vienna had the precedence, by seventeen years. "The general instructions and the rules for the government of the New-Ruppin Asylum were drawn up with a masterly spirit, and, in reference to the time at which they were composed, may justly be considered remarkable, and as models." As time progressed, the accommodations of the establishment became insufficient to meet the public demands, and, consequently, in 1819, it was extended by the purchase and occupation of two adjacent dwelling houses. In 1828, the patients were classified, and the curables so far separated from the incurables as the architectural arrangements would permit. In 1833, Professor Damerow was commissioned, by a minister of the royal government, to visit and inspect the establishment. He pronounced it excellent, as an asylum, while it was defective in all the arrangements demanded by philosophy and experience for a curative hospital.

At the time of the foundation of the institution, the primary objects in view were the humane care of the insane, their security and that of the public. Restoration to mental health was considered as of secondary import-



ance. Hence, the medical officer, until 1841, was a physician engaged in an extensive private practice. In that year Dr. A. Wallis was made its Superintendent.

Manual labor for the patients was regularly organized at some period between 1810 and 1820. In 1840 their earnings amounted to 1,081, and, in 1845, to 1,188 rix-dollars.

#### STATISTICS,

From March 1st, 1801, to December 31st, 1847.

	Men.	Women.	
Admitted.....	605	453	1,058
Discharged cured.....	127	110	237
“ Improved.....	11	6	17
Transferred to others Asylums.....	88	67	155
Died.....	287	220	507
Remaining, Dec. 31, 1847.....	92	50	142

A large proportion of the patients, particularly in the earlier years of the institution, were of that class in which no essential improvement can be expected.

#### ASYLUM AT SORAU.

Prior to the year 1812, some of the insane of Lower Lausitz were confined in the prison of Luckau. In that year, a large building, erected by Count Promnitz, near the city of Sorau, was purchased and converted into an almshouse, workhouse, and lunatic asylum. The “royal government at Frankfort” subsequently assumed the direction of the institution, and caused all the inmates who were not insane to be removed. In 1825, a commission for its management, consisting of two men chosen by the regal government and two by the government of Lower Lausitz, was appointed. The president of the Board was Dr. Frank, of Frankfort.

The building, when purchased, was incomplete. It consisted of a main edifice, partly two and partly three stories in height, and one wing of three stories. In the former are the dining-rooms, the chapel, the infirmary,



the library, apothecary's shop, and apartments for the convalescent, and for patients who pay a high price for board. The latter is occupied by men, the epileptics being in the lower story. Other buildings have been added since the original purchase. The institution is not properly a curative establishment, but an asylum for incurables, idiots and violent epileptics.

All the patients who are not disabled by physical disease or mental imbecility, are employed. There are shops for tailors, shoemakers, cabinet-makers, turners and watch-makers. Ninepins, chess, draughts and other games are resorted to for amusement. For restraint, isolation and the jacket are generally employed, but several other means—even the turning stool—are sometimes put in requisition. All the patients who are suitable, attend morning and evening prayers, and worship on the Sabbath. The chapel is furnished with an organ.

The men attendants receive four thalers a month, and the women two and two-thirds, both with board.

#### STATISTICS,

From 1812, to December 31st, 1845, inclusive.

	Men.	Women.	
Patients admitted.....	418	253	671
Discharged, cured.....	82	63	145
“ Not cured.....	32	29	61
Died.....	210	99	309
Remaining, December 31, 1845.....	94	62	156

A very large proportion of the cases were considered hopeless when received, many were suffering under incurable physical diseases, and a large part of them had “suffered from bleedings, emetics, cathartics, narcotics, and cold-water.” In the course of twenty-eight years, only eleven patients were admitted whose insanity was of but a few months' duration. Many of the deaths were from marasmus, apoplexy and pulmonary diseases. One

woman, in whose case there was a necroscopic examination, presented the rare phenomenon of the the entire absence of the uterus.

Dr. Schnieber, the Superintendent of the Asylum, acting, as he asserts, upon the principle "Prove all things and hold fast to that which is good," has long practiced, in part, upon the homeopathic method. I quote his remarks upon the subject:—"By the homeopathic curative method, in connection with a properly adapted psychical treatment, I have cured several patients attacked with mania and melancholia. Yet it should be remarked that, with these patients, the insanity had existed less than a year, and, with some of them, was of only a few months' or weeks' duration. In old cases, I have never, by this treatment, effected a cure, but only a transient improvement or a favorable diminution of the intensity of a paroxysm. In such case,s I have never cured, except by the allopathic method. Heroic treatment, indeed, often subdues mania, melancholia, &c., but it at the same time plunges the patient into incurable dementia, as I have seen in some of the imbeciles admitted here, who had previously been actively treated by large bleedings, emetics, laxatives, calomel," &c. Again, he thus gives his opinion upon the abstraction of blood: "Venesection, that potent palliative in the orgasmus of the blood, has not, in the management of the insane, that distinguished advantage which we so frequently perceive from it in the diseases of the sane. The maniac is not infrequently more furious after bloodletting, although the frequent, full, hard and strong pulse, the flushed face, the heat of the head, the strong beating of the carotids, and the whole bodily constitution indicated the treatment. These symptoms of orgasmus and plethora are often only signs of the high mental excitement and the physical exertions



of the patient, and, therefore, perhaps more frequently the effect than the cause of this fury. In the insane with pallid face, cool head, lax constitution, and frequent, small and contracted pulse, bloodletting is useless, if not injurious, how great soever may be the exaltation of the patient, or however severe the paroxysm. I hold bloodletting as especially necessary in highly excited insane females, after the cessation of the menses. The blood should be taken from the foot, once or twice annually. Even this rule has its exceptions. By physicians and surgeons inexperienced in the treatment of the insane, venesection is driven to the extent of a lamentable and certainly often injurious abuse. A patient is rarely admitted into this institution who has not already suffered from several profuse bleedings, and taken large doses of emetics and cathartics."

## 6. SILESIA.

The government of the Province of Silesia imposes an annual tax of one silver groschen, about two and a half cents, upon every inhabitant over fourteen years of age, for the support of the insane poor. This tax, amounting to about fourteen thousand thalers, is divided between the three provincial institutions of Leubus, Brieg and Plagowitz. That of Leubus receives about three-sevenths of the whole.

In 1830, and again in 1832, a census was taken of the insane, the epileptics and the idiots within the province. The principal items of the returns of the latter are subjoined.



	Males.	Fem.	T o t a l.	
Epileptics,.....	157	127	284	
Idiots, .....	497	365	862	
Insane, .....	1,098	930	2,028	2,028
Of the insane there were				
Reported as raving,.....	38	32	70	
“ as demented, .....	808	638	1,446	
“ of other forms, .....	252	260	512	2,028
Declared imbecile, .....	235	161	396	
Not declared imbecile,.....	863	769	1,632	2,028
Medically treated, with success,...	18	19	37	
“ “ without success, .....	261	239	500	
Under no medical treatment,.....	666	563	1,229	
At the Provincial Asylums,.....	153	109	262	2,028
Single, .....	895	701	1,596	
Married,.....	169	127	296	
Widowed,.....	34	102	136	2,028
Protestants,.....	640	547	1,187	
Catholics,.....	446	367	813	
Hebrews,.....	12	16	28	2,028
Having some property,.....	88	73	161	
Entirely destitute,.....	1,010	857	1,867	2,028
In cities,.....	237	230	467	
In the country,.....	861	700	1,561	2,028

Besides those at the provincial asylums, there were 105 in city institutions, 74 in parish-houses, 1,553 with their relatives, and the position of five is reported as unknown. There were none in prison.

#### INSTITUTION AT LEUBUS.

“Travelling,” says Madame de Stael, “whatever may be said to the contrary, is one of the most melancholy pleasures of life.” When one wanders week after week, among a people whose language he speaks but little and comprehends but imperfectly, going from city to city in search of the works of art, which, when found, must be admired in silence,—a selfish enjoyment—but he is alone; when, among the tens of thousands of faces which meet

his view, he recognizes no one as familiar; when, upon railroads and steamboats, he must chaffer, in broken language, with ticket-masters and stewards who, as he can easily perceive, are taking advantage of his ignorance by attempting to cheat him of a few paltry groschen or kreutzers,—a trick which he might disregard were it not that one does not feel flattered by the consciousness that he is passing for a dupe or a fool,—then the assertion of the French authoress may be correct. But, on the contrary, when among strangers he is received as a friend; when, in a foreign land, he is treated with all the attentions which kindness can suggest or genuine hospitality devise; when, after the strange accents of a language new to him have been the only human voices which he has heard for many days, his ears are greeted with the sweet music of his mother-tongue; then the assertion no longer holds good, and he alone who has experienced these pleasures, can know how greatly it is at fault. Such pleasures have been mine during the last two days.

Leaving Dresden, I came, by the railroad, to Goerlitz, where I lodged. At an early hour on the following morning, I pursued my journey to the station of Maltsch, about forty miles from Breslau. Thence, as there was no conveyance by carriage, either public or private, I walked about four miles, mostly over a wooded plain in the valley of the Oder, to the Institution for the Insane at Leubus. I had no letter of introduction, but handing my card to the porter, I sat down in the entrance-hall. The man soon re-appeared, and conducted me to the apartments of the superintendent, Dr. Moritz Martini. My reception was so cordial, and my new acquaintance so agreeable that, at a time when I had expected to be in Vienna I was, still lingering at Leubus. I little expec-

ted to find, as I have, here, in the eastern limits of Prussia, and near the borders of Poland, a family in which both French and English are fluently spoken, and the English literature almost as familiar as household words.

The institution at Leubus was opened for the reception of patients in 1830. It is the only provincial hospital in Silesia, intended for patients whose cases present some prospect of successful curative treatment. The superintendent is nominated by the Chief officer of the Bureau of Sanitary Affairs, and appointed by the King of Prussia. The institution is under the general direction of a Board of Commissioners, consisting of three men, one immediately connected with the central government, one a resident of one of the principal cities, and the third from the country. They visit it twice, annually. Dr. Martini has held the office of superintendent, from the time of the foundation of the institution. The assistant-physician and the apothecary are appointed by the principal executive officer of the province.

The building was originally a monastery, founded by Casimir the First. It is situated upon a hill, not lofty, and of easy ascent, and is so much embosomed by groves that the cupola alone is seen, as one approaches from Maltsch, until he arrives in its immediate vicinity. It is an enormous structure; the main building being, according to Dr. Martini, six hundred and eighty feet long, by forty-seven wide and seventy-two high, measuring only to the eaves. From one extremity, a wing of the same height and width extends backwards, three hundred and twelve feet. Near the centre of the main building, and connected with it, in the rear, there is a chapel two hundred feet in length, and seventy or eighty in width. There are two other wings, the united length



of which is about three hundred and sixty-five feet. These dimensions are given merely as a matter of curiosity ; but they will aid in giving—if any one wishes such knowledge—an idea of the style of princely magnificence in which some of the monastic associations of the middle ages were wont to live.

The corridors run beside, but within the rear walls. They are from fourteen to eighteen feet in width, and nearly twenty in height. Their floors are of large red tile ; those of the rooms are of wood, and many of them painted. The rooms are generally large ; the smallest being from fifteen to eighteen feet long, by from ten to twelve wide. The windows are eight feet by five, and guarded, on the outside, by iron rods. A large, gothic hall, with vaulted ceilings, and ornamented with fresco paintings, formerly the library of the monks, is now used as a store-room. The whole establishment is in excellent order, so far as cleanliness, system and good discipline are concerned ; but the buildings are too large, both generally and in detail ; and, being old, it appears that they must be cold in winter, unless they can command the fuel of the neighboring groves and forests.

The farm consists of about thirty acres. The extensive grounds to which the patients have access, are highly cultivated and beautifully ornamented with trees, shrubbery and flowers.

The establishment has one hundred and fifty beds for patients. Although intended for curables alone, the incurables of the higher classes are permitted to remain as long as is agreeable to their relatives or guardians. Those of the other classes are subjected to treatment until it is supposed that their curability is tested, and, if found to be incurable, are removed to Brieg or Plagowitz.

Patients who have no property are supported by the fund derived from the provincial tax. Such as have small estates are charged from sixty to two hundred thalers per annum; and those whose pecuniary means are large, pay from four hundred and seventy-five to five hundred and fifty thalers. The latter have well-furnished private apartments and special attendants. The others sleep in associated dormitories, and eat at table in common. The paupers are clothed by the institution, and have a uniform dress. The beds are now all occupied, thirty by pay-patients and one hundred and twenty by the poor. In the departments occupied by the latter, there are two supervisors and sixteen attendants, eight of either sex. The whole number of persons employed in the establishment is fifty-two.

Baths are considered as valuable resources in the medical treatment. The tubs are made of zinc, the outside painted, the inside tinned. The arrangements for introducing and withdrawing the water are like those at Halle, except that the three apertures are in the bottom of the tub. Some of the tubs are provided with copper lids, covering about one half of the top. These may be fastened down to prevent a violent patient from leaving the bath. The water of the shower-bath has a fall of twenty feet; there is an ascending as well as a descending douche.

The camisole, mittens, and the strong chair are the ordinary means of bodily restraint. The first is made of firm sacking-cloth, open behind, and fastened together when on, by straps and buckles. The mattress for patients who are unclean is made in three pieces. The central one may be of straw. Beneath it, there is an aperture in the bottom of the bunk, under which a vessel may be placed. I noticed here a very conve-



nient and useful article for the infirmary, intended for airing or warming the fresh linen for the patients. It is a tin case, the sides and bottom of which are double. When used, the intermediate space is filled with hot water. This idea, as well as several others, was apparently carried from Leubus to Halle.

The moral treatment is systematised, and conducted in accordance with the enlarged and enlightened views of the present day. A large proportion of the patients work upon the land. There are shops for weavers, tailors, shoemakers, cabinet-makers and carpenters. The women assist in the various departments of domestic employment, and work much with the needle.

Billiards, balls, concerts and theatrical performances are among the amusements. The billiard-room is a large hall, with vaulted ceilings and ornaments of stucco, one of the most beautiful apartments in the building. In summer, concerts are given in the garden.

Dr. Martini is preparing a work, historical and descriptive of the institution, for the press. He furnished me with the following statistics which will be embodied in it.

From 1830 to 1846, inclusive, a period of seventeen years, the number of patients admitted was—

	Males.	Fem.	Total.
	786	708	1,494
Discharged, Cured .....	344	306	650
“ Improved .....	54	60	114
“ “Not Cured” .....	196	193	389
Died .....	138	99	237
Remaining at the close of 1846.....	54	50	104

Paralysie générale is very common among the patients who resort to this institution. There are many cases at the present time. Here, as generally elsewhere, it is absolutely and entirely incurable. It also preserves its characteristic of prevailing far more extensively among



men than among women. Dr. Hoffman, the second physician, is preparing an essay upon the disease.

The district around Leubus is generally low, and, lying upon the banks of the Oder, is frequently overflowed by the waters of that river. Miasmata are thus generated, which render intermittent fever an endemic disease. Dr. Hoffman says that, although it prevails among the patients at the asylum, he has not, hitherto, seen any cases of insanity restored by it.

In 1843, the Medical Section of the Silesian Society for National Culture published some remarks, by Dr. Martini, upon Insanity caused by hydropathic treatment. In the course of about three years, he had received ten cases of the kind, of which but one was cured. One was discharged, incurable, and eight died. Their disease had the characteristics of paralytic imbecility, and, from the necrological investigations, it was shown that there was unusually "extensive and intensive" softening of the brain and the spinal cord.

The well-organised method of conducting the household economy of this Institution is, truly admirable. I know not that it is superior to other German establishments of the kind. It is a subject towards which my attention has not previously been directed since I came upon the continent. That of Middlesex asylum, at Hanwell, is very similar to it. No supplies, even of a handkerchief, a shoestring, a broom or an ounce of salt can be obtained without an order from the proper officer. If a garment be torn or so worn as to make a new one necessary; or if an article of domestic service has become unfit for use, these must be produced as evidences of the want of substitutes. A regular account of debits and credits is kept between the various departments, and thus unnecessary consumption, carelessness and *sequestration* guarded

against. I know that there are some persons who regard such a system as an evidence of illiberal and contracted views, as parsimonious and niggardly. To my mind it simply carries the conviction of good husbandry; and, in my opinion, no institution can ever attain that perfection of good order which is a chief beauty of a public as well as of a private establishment, without it. Neither can it render strict justice to its founders or to the public. Money devoted to charitable purposes is not given for wastefulness, and that which is demanded for "board and treatment" should be so applied, and not prodigally lavished even upon necessary supplies.

Dr. Martini appears to be admirably qualified for the station which he has so long occupied, with honor to himself and usefulness to his fellow men. His form is portly and dignified, his manners courteous and affable. The genial glow of his countenance, the reflected sunshine of the soul, beams like a halo of light around his presence, and this, with the warm currents of feeling and emotion which flow from the depths of a kind and benevolent heart, carries cheerfulness and gladness, confidence and affection to those with whom he may associate.\*

\* In the spring of 1850, a young soldier of the Prussian army attempted to shoot the King. He was seized and confined, but declared, by some of his friends, to be insane. Dr. Martini was called to Berlin, as an expert, to investigate the case. After observing the man during a period of four weeks, he arrived at the conclusion that he was affected with homicidal monomania. He presented to the court an elaborate report, containing this decision, which is said to have been a production of great ability. The labor was in vain. The King, in his speech at the next ensuing opening of the Legislative Chambers, set aside the proceedings by declaring the soldier a criminal and a murderer. The young man was, at that time, in an institution for the insane. I have seen no account of his subsequent history.



## ALL-SAINTS' HOSPITAL, AT BRESLAU.

A department of the All-Saints' Hospital, at Breslau, under the care of Dr. Ebers, is devoted to the treatment of mental disorders.

	Males.	Fem.	Total.
Patients, January 1st, 1846 .....	8	20	28
Admitted in course of the year .....	67	39	106
Whole number .....	75	59	134
Discharged, Cured .....	45	16	61
"    Improved .....	1	5	6
"    " Not cured " .....	9	10	19
Died .....	12	8	20
Remaining, December 31st .....	8	20	28

Twenty of the patients, of whom two were women, had delirium tremens. Sixteen recovered and four died, three of them within twenty-four hours from the time of admission.

## ASYLUM AT BRIEG.

Twenty miles beyond Breslau, the railroad leading to Vienna passes through the suburbs of the city of Brieg, the location of one of the Silesian provincial asylums for the incurable insane. The building, which is within the city walls, about half a mile from the railroad station, was formerly a monastery, and is closely surrounded by dwellings, except in the rear, where there is a garden, three or four acres in extent. The principal edifice is two stories high, the corridors narrow, the windows small, and light and ventilation somewhat deficient.

In the men's department, there are three halls used as day-rooms and dining-rooms, and four dormitories, the two largest of which contain twenty-five and twenty-eight beds, respectively. The windows of these are guarded by strong wooden palisades. There are also some rooms containing but two or three beds each. The bedsteads are iron, the mattresses horsehair, underlaid by



sacks of straw. The women have more small lodging-rooms than the men, but their largest contains forty beds. One of these, for an attendant, is separated from the others by a lattice.

The violent patients and some insane criminals are kept in a new building, in the rear of the principal edifice. It is two stories high, with corridors running longitudinally through the centre. Upon one side, in either story, are twelve strong rooms; on the other, the attendants' room, at one end, then a closet for clothing, the entrance hall and stairs, four strong rooms and a bath-room, following each other in the succession named. The lower story is for men, the upper for women. The floors are asphaltum, which the physician to the asylum thinks preferable to stone. They are not level, but descend towards the corridor. The windows are small and above the reach of the patients. There are no openings over the doors, and ventilation is imperfect. Some of the rooms for suicidal, furious and epileptic patients are padded. I saw no "tranquilizing chairs." The leathern straps and mits are used for confining the hands. The rooms of some of the violent are supplied with straw, and the patient left unrestrained. The bedsteads for the furious are low, plank bunks, with leathern mittens, for confining the hands, attached to the sides, and straps for the ancles at the foot. There is an aperture in the middle of the bottom. In one of the day-rooms of the principal building, I observed a novel arrangement for epileptics. It is a large chest, several feet high, and about six feet long. The sides, internally, are padded, and the bottom covered with a mattress. The top is a lid of coarsely reticulated wire.

Nearly all parts of this establishment bear the evidences of a number of inmates too large in proportion to

the buildings. One of these is the crowded condition of the dormitories. In some of them the beds are arranged around the room in pairs, two standing in contact, and with but a narrow space intervening between the successive pairs. Besides these, there are two rows along the middle alley. In one room, about twenty-four by thirty feet, there are twenty-one beds. Along the middle of one of the dormitories, stand several tubs which are used as common *lavoirs*, the towel of each patient hanging beside his bed. Although thus inconveniently crowded, and, in the latter case, made to subserve a double purpose, these rooms, with all their furniture, were in perfect order.

#### GENERAL STATISTICS,

From 1832 to 1843, both inclusive.

	Males.	Fem.	Total.
Admitted .....	184	128	312
Discharged and died.....	137	87	224
Remaining at the close of 1843 .....	89	72	161

Of three hundred and thirty admitted, ten were cured.

There are now in the house, one hundred and seventy, of whom ninety-four are men and seventy-six women. The men have ten attendants, the women seven. A chapel, with an organ, is connected with the asylum, and religious services are performed by two chaplains, a Protestant and a Roman Catholic, who reside in the city.

## ASYLUM AT PLAGOWITZ.

The asylum at Plagowitz, like that at Brieg, is for the incurable insane of the province of Silesia. It is reported to have beds for about one hundred and twenty-five patients.

## GENERAL STATISTICS,

From 1832 to 1843, both inclusive.

	Males.	Fem.	Total.
Admitted .....	111	73	184
Discharged and died.....	113	80	193
Remaining at the close of 1843 .....	73	28	101

The number in the asylum at the commencement of the term, is not mentioned. The same is true of the statistics of Brieg. Both institutions were opened, I believe, in 1830. Of two hundred and sixty patients admitted, thirteen were cured.

## 7. POSEN.

## OWINSK.

At the commencement of the year 1838, an institution for the curable insane of the province of Posen, was opened in the old monastery Owinsk, in or near the city of Posen. It was intended for one hundred patients, and was permitted to receive dangerous incurables, till such time as all the apartments should be required for curables. Under the direction of Dr. Beschorner it acquired a reputation such that it is included, by Dr. Julius, in his list of thirteen of the best institutions in Germany. The apartments became fully occupied, and such was the demand for further accommodations that it was proposed, in 1844, to erect another department, for incurables, thus making it a "relatively connected" asylum.



## 8. EAST PRUSSIA AND LITHUNIA.

Prof. C. B. Heinrich,\* of the University at Koenigsberg, in an article published in Damerow's Journal, states that the population of East Prussia and Lithunia, according to a census taken in 1847, was 1,480,308, and that the number of the insane and idiotic, in 1842, was 882, of whom 481 were males and 401 females. The only establishment for the insane of these provinces, is the

## INSTITUTION AT KOENIGSBERG.

During a large part of the eighteenth century, there were two "mad-rooms," under the control of a "mad-father," in the Loeben's Hospital, at Koenigsberg. A separate building for the insane was at length erected, and opened in 1789. This is the present asylum, and it still forms a department of the hospital mentioned. It stands upon the banks of the river Pregel, and has a yard in front and a large shaded garden in the rear. It receives curable, incurable and epileptic patients. It was not organized, by making a physician its superintendent, until 1816. It is worthy of remark, however, that one of the physicians previously connected with it, Dr.

\* Dr. Heinrich was for some time the second physician of the Asylum at Siegburg. In 1848 he was appointed to the Professorship of Special Pathology and Therapeutics in the University at Koenigsberg, where, according to the conditions of his appointment, he was occasionally to treat upon mental diseases. On the 17th day of April, 1849, the 31st anniversary of the day of his birth, and two days before the homicidal death of Dr. Amelung, of the Hofheim Asylum, he committed suicide, by taking Prussic acid. He was considered as the most promising of the younger laborers in the field of Psychiatrie, in Germany. I several times heard him mentioned with an affectionate remembrance—which was an evidence of his moral worth. Professor Damerow, in an obituary notice, calls him "*our Heinrich*." Among his articles contributed to the Journal for Psychiatrie are the Essay, mentioned in the introduction, a Critical treatise upon that form of disease called, by Prichard, Moral Insanity;—New contributions to the Knowledge of the Secretion of Urine, in Insanity;—and A Memorial upon the Present Condition of the Care of the Insane in the Province of Prussia, with special reference to the Plan of the new Institutions to be erected at Paterswald and Schwetz. The last written words which he left behind him were "Judge not, so shall ye not be judged."

Remer, as early as 1810, proposed to give clinical instruction in mental diseases to the students of the university. Dr. Bernhardt is its present Superintendent.

A large part of the building was destroyed by fire, in April, 1834. Again, in the middle of the night of the 23d February, 1845, a fire broke out "under a stair-case," and burned the whole of the women's department, the offices, and the residence of the Inspector, besides some adjacent buildings not belonging to the institution. Five persons, three of them insane women, were burned to death. The men's department was saved by a strong dead wall (*brandmauer*). The origin of the fire was unknown. A night-watch was kept in each principal division. In 1843, the asylum had not been rebuilt, but in that portion which was saved there were beds for sixty patients.

#### STATISTICS

From January 1, 1816, to August 31, 1843.

	Men.	Women.	Total.
Patients admitted.....	650	501	1,151
Discharged, Cured .....	218	172	390
"    Not cured.....	159	118	277
Died.....	232	170	402
Remaining Aug. 31, 1843.....	41	41	82
Average number of patients .....	40.6	41.3	81.9
"    time of the whole in the } Asylum, (months)        }	20.7	27.4	23.6
"    "    of those cured .....	8.5	10.4	9.5
"    "    of those who died .....	28.2	47.7	36.5
"    "    of those discharged } not cured        }	38.2	64.1	49.2

## INSTITUTION AT PATERSWALD.

In 1841, about the time that the census of the insane was ordered, the Provincial Government\* resolved to found two public institutions for the insane, and made an annual appropriation of thirty thousand thalers towards a fund for that purpose. After the lapse of several years, a farm for the institution of East Prussia was purchased. It consists of sixty-one acres of land, upon the banks of the river Aller, at Paterswald, near Wehlau. It is a pleasant plateau, fifty feet above the ordinary level of the river, and a part of it shaded with groves. The building is upon the general model of the Saxon institution at Halle, and, like that, is intended for curables and incurables, in distinct departments. Considerable progress was made towards its construction in the course of the year 1848.

## 9. WEST PRUSSIA.

The population of West Prussia, in 1846, was 1,019,105; and the number of insane and idiotic, in 1842, 383. Of these 201 were males and 182 females. The province has no institution specially for the insane, but, in 1847, there were about fifty patients in the lazaretto at Dantzic, and twenty in the general hospital at Schwetz.

In 1848 it was intended to erect a "relatively connected institution for curables and incurables" in the neighborhood of Schwetz.

\* I believe that East and West Prussia, including Lithunia, are united under one Provincial Government.

(*To be continued.*)



## ARTICLE V.\*

15. *Third Annual Report of the Governors of the Alms-House, New-York, 1851.* 8vo. New-York, 1852.
16. *The Twenty-eighth Annual Report of the Officers of the Retreat for the Insane, at Hartford, Conn. April 1, 1852.* 8vo. Hartford, 1852.

We received the above, subsequent to the preparation of our article on this subject, in the last number.

The *Annual Report of the Governors of the Alms-House, New-York*, includes the statistics, not only of the Alms-House proper, but also of Bellevue Hospital, the City Prisons, the Colored Home and Colored Orphan Asylum, the Lunatic Asylum at Blackwell's Island, the out-door Poor, the Penitentiary, and the Penitentiary Small Pox Hospital.

We select from these, for analysis, the Fifth Annual Report of Dr. M. H. Ranney, whom we supposed (in a former number) was associated with Dr. Ray, but doubtless incorrectly.

The following summary is interesting. Since 1826, the time when separate wards were allotted to the insane at Bellevue, more than 6,000 patients have been admitted, and within the past five years, 2,561 have been under the care of Dr. Ranney.

At the commencement of 1847, there were nearly 400 patients in the asylum. The accommodations were only sufficient for a little more than one half of the number.

\* Concluded from p. 202.

Five attendants had charge of them, assisted by twenty-six convicts from the Penitentiary. It was impossible to allow them the necessary out-door exercise. The diet also was of inferior quantity, and from a want of sufficient vegetables scurvy often occurred. The violence and noise of many of the patients were necessarily aggravated and increased by close confinement.

“The radical defects were, want of room, want of suitable attendants and a sufficient number of them, and want of proper food.” The enlargement of the building was completed in the autumn of 1848. In this year also, Drs. Ogden, Williams, Macdonald and Earle were appointed visiting physicians, who subsequently made an important report to the Common Council, pointing out abuses and recommending improvements. In 1849, under the new law, full power was given to the physician to appoint and remove attendants. In 1850, convict help was dispensed with in three of the halls, and hired attendants substituted. A night watchman was appointed; the Croton water was introduced, and many minor improvements effected.

In 1851, by the enlargement of the building, the number of the rooms was nearly doubled. There are sixteen attendants employed and eight convicts, there being only one hall, in the main building, in which prisoners are permitted to render assistance. Although the number of patients has increased, not more than three or four are daily confined to their rooms. From the improved diet, the scurvy has entirely disappeared. The supply of water is very abundant.

The result is that “violence, noise and confusion have been succeeded by quietude and order, and I believe that the very worst class of patients are as comfortably situated at present as were the best class in 1847.”

The statistics are as follow :—

	White.		Black.		Total.
	M.	F.	M.	F.	
Number of patients Jan. 1, 1851,....	192	256	8	8	464
Admitted during the year,.....	210	217	6	8	441
<hr/>					
Whole number in course of the year,	402	473	14	16	905
Discharged during the year, .....	143	155	3	7	308
Died,           "           "       .....	36	40	1	3	80
<hr/>					
Remaining Dec. 31, 1851,.....	223	278	10	6	517

Of the admissions 175 were immigrants who came to this country within the last three years, 52 were received from hospitals, and the remainder, 204, were either residents of the city or belonged to an adjoining county.

Of the 308 discharged, 208 had recovered, (being an increase of one per cent. on 1850,) 90 were improved, and 10 were unimproved.

The principal causes of death were consumption (25), general debility (15), paralysis (11), chronic diarrhœa (8), epilepsy and apoplexy (9). There has been no case of suicide.

While speaking thus cheerily of the progress of the institution, and of its numerous improvements, and of the favorable results in the treatment of the insane, Dr. Ranney again reverts to what he justly calls a blot on the name of the institution, the employment of convicts as attendants or nurses, *the erasure of which has been only commenced within the past two years.* "The patients as well as their friends, are fully aware of this connection, and from this source the most unpleasant associations exist. The important work is already half finished, and shall it not be entirely completed?"

Dr. Ranney earnestly advises, in order to accomplish the above purpose, that a wall be built, completely separating this institution from the others, and wholly dispensing with prisoners as help in any capacity. The employment of a few proper and industrious persons in



the domestic departments, (he adds,) would obviate all necessity for this objectionable aid. It would afford an inducement for the patients to engage with them in useful labor, and, if under proper control, this would prove highly salutary and beneficial. If a wash-house were erected, all the washing and ironing might be done by patients under the direction of one attendant.

"Religious service has been held on each sabbath by the Rev. Z. Searle, Chaplain of the Island, and on Thursday of each week the Rev. George L. Neide, of Manhattanville, has had the kindness to hold the Episcopal service. The patients were visited weekly, by a Catholic Clergyman. I am fully confident that religious exercises, properly conducted, produce a favorable influence. Even in cases where the mind of the patient dwells on religious subjects, and although despair be the predominating feeling, yet words of consolation may inspire hope, and thus aid in removing the feelings of doubt which enshroud the mind. It is not surprising that a subject involving such an amount of future 'weal or woe,' should engross the attention, and its influence be strongly exhibited when the mind becomes disordered. It is not often from a firm belief in any particular doctrine that insanity may be produced; on the contrary, it is from unbelief, a doubting, a feeling of uncertainty as to the future. If one has a firm and steadfast faith his acts will, to a great extent, correspond with his belief, and consequently his conscience will approve. Too often a mere tacit assent is mistaken for true faith."

16. Dr. Butler, the physician of the *Hartford Retreat*, presents the following table:

	Males.	Fem.	Total.
Remaining, .....	72	85	157
Admitted during the year, .....	68	90	158
	140	175	315
Of these there were discharged, Recovered, ..	26	42	68
"        "        "        Much Improved, ..	5	5	10
"        "        "        Improved, ..	5	7	12
"        "        "        Not Improved, ...	7	15	22
"        Died, .....	9	13	22
	52	82	134

The whole number admitted since the opening of the institution has been 2,318; the whole number discharged 2,137, of whom 1,203 were recovered.

The legislature at its last session increased the annual appropriation from the State for the relief of the indigent insane from \$5,000 to \$7,000.

Dr. Butler introduces an affectionate notice of the Rev. Mr. Gallaudet, and his services, which we would readily copy, had we not already in type the notice by Mr. Barnard. We add, however, the concluding paragraphs :

“ To us it is an interesting fact, that three so eminent philanthropists as Drs. Todd and S. B. Woodward, and Mr. Gallaudet, should have been intimately connected with the origin and progress of this Institution ! Dr. Todd, it is well known, was the first superintendent, and Dr. Woodward with himself were among the most efficient of its founders and early friends. The three were natives of this State, and for many years resided in this city or its immediate vicinity.

“ They were warm personal friends, and were alike distinguished for the active, energetic sympathy, and the expansive benevolence, which make men blessings to their kind.

“ They have gone to their reward, leaving behind them a memory of pure motives and good deeds, of which their native State may well be proud.

“ During the year we have diligently availed ourselves of every means within our reach of affording amusement and instruction to our family. Our reading and sewing parties have been continued weekly, and our singing and dancing parties occasionally. We have had tableaux, and exhibitions of the magic lantern, and from time to time pleasant social re-unions of the more convalescent patients, sometimes of one and sometimes of both sexes.

“ We have had sleigh-rides and excursions during the winter, and at other seasons excursions to the different manufacturing establishments of the neighboring towns, New-Britain, East Hartford, &c. ; parties to the “ Tower,” State Prison, &c., &c. Within the city, parties have frequently visited the Deaf and Dumb Asylum, the Young Men’s Institute Library, the Historical Rooms, the Green Houses, and different manufacturing establishments. To most of our patients these institutions and establishments are novel : they are interesting to all. Our thanks are due to the gentlemen who have them in charge, for the ready and kind attention with which our numerous parties of visitors have been invariably received.

“ Free tickets of admission were generously presented to such of the patients as were able to attend, to the concerts given by the Hutchinsons, by the Alleghanians, and by Mr. Clirehugh ; to Stanley’s Indian Gallery, the Panorama of Pilgrim’s Progress, and to Barnum’s and Raymond’s Menageries.

“ As but comparatively few of the patients were able to attend the evening concerts in the city, the Hutchinson Family, the Alleghanians, and Mr. Clirehugh with Mr. Kerracher, the Scottish piper, most kindly came at different periods to the Retreat, and gave concerts to the whole family, to their great delight and satisfaction.

“ In July, Miss Catherine Hayes visited the Retreat, and gave the patients the unexpected pleasure of listening to her rare musical powers.

“ Such musical entertainments are highly enjoyed by the patients, and by many are correctly and fully appreciated.”



## SUMMARY.

*New Hospital for the Insane in Massachusetts.*—From a Taunton paper the following article in regard to the second State Asylum for insane paupers, has been taken. The whole edifice covers an area of 2,520 square feet, not including the two courts formed between the wings. The front is 358 feet long by 40 wide; the main projection from the centre is 50 by 60 feet; there are three wings running back North, 200 feet by 40 wide. A large dome is to be placed over the centre of the main building, and two smaller ones from the centre of either wing. The whole building is to be three stories high, and from the top of the spire of the large dome to the ground, it will be 116 feet.

The Asylum is now in progress of erection, the foundation being nearly completed. The cellar walls and nearly the whole building are to be composed of Taunton brick. The basement facings are principally of Quincy granite. A water-pipe or aqueduct conveys a constant supply of good soft water, from the Hopewell reservoir, forced by a "water ram" to the premises, some 56 feet above the level of the pond, for the use of the builders. The basement sill is from 40 to 50 feet above the level of the green.

It is a beautiful and airy location, and is already visited daily by hundreds for a pleasant walk or ride. When the Asylum is completed, it will afford one of the most commanding and delightful views from the dome, or even from the second or third stories, that can be found in the county embracing a range of twenty or thirty miles in extent.—*Boston Med. and Surg. Journal*, July 7, 1852.

AN esteemed correspondent in a late communication to us writes as follows in relation to the above:

"At the meeting of the Association of Superintendents of American Institutions for the Insane, held in Philadelphia, in May 1851, you may remember a series of propositions relative to the construction of Hospitals for the Insane, were adopted with entire unanimity, and published as the deliberate conviction of that body on the subjects referred to. Regarding the proper arrangement of such buildings as of the utmost importance, and believing that the community are bound to respect, (as I am disposed to think they are inclined to do,) the sentiments of a body of practical men, like the Association of Superintendents, I would beg leave to suggest that whenever a new Hospital is commenced, you



should, on behalf of your brethren, on behalf of the medical profession, of the insane, and of the whole public, ask, whether these propositions have been faithfully carried out, and if not, in what particulars they have been varied from, as well as the reasons for the changes or departures from them that have been made.

“It seems to me an explicit answer to such questions would be highly interesting and instructive, and I think all your readers would be gratified, if you would begin by propounding these questions, relative to the new State Hospitals in Massachusetts and North Carolina, both of which have been commenced since the meeting of the Association in 1851.”

We entirely approve of the suggestions of our correspondent, and hope some of the gentlemen interested in the institutions referred to, will furnish us with an answer to his inquiries, for the next number of the *Journal of Insanity*. The importance of the subjects referred to, as regards the best interests of the insane cannot be over-estimated.

INSANE ASYLUM IN THE DISTRICT OF COLUMBIA.—“The sum of \$100,000 has been inserted in the Civil Appropriation bill passed by Congress, for the purchase of a site containing not less than ten nor more than fifteen acres of land, in the neighborhood of Washington, and for the erection, furnishing and fitting up an asylum for the insane of the District of Columbia and of the army and navy of the United States.”  
—*Newspaper Extract.*

Our readers will be pleased that at the last Session of Congress, the above appropriation was made for the erection of a Hospital, near the City of Washington, for the Insane of the Army and Navy, and of the District of Columbia, and we also have the satisfaction to announce the appointment of Dr. Charles H. Nicholls, as Superintendent of the new institution, and that the purchase of a fine farm, in an admirable location, on which the necessary buildings are to be immediately erected, has now been effected.

Dr. Nicholls is well known to the readers of this Journal, as the able Assistant of Dr. Brigham, in the New-York State Lunatic Asylum, and subsequently as Superintendent of the Bloomingdale Asylum, near the City of New-York, and is admirably qualified for the new post for which he has been selected. Although we have always felt surprised that the Governors of the Bloomingdale Asylum were willing to part with so good an officer, we are quite sure the public will feel under lasting obligations to them for allowing him to enter upon duties of a more extended and important character.

The selection of a competent man, familiar with the treatment of the Insane, and of the requirements of a Hospital for their accommodation, before any plan is adopted, or a site selected, we regard, as of such great importance that we have particular pleasure in referring to this action of the General Government as an example worthy to be followed by our State authorities who are about putting up similar institutions.—It can hardly fail to insure a good Hospital, at a less cost than by any other method, and save the mortifying labor to which most Superintendents are subjected, when first entering on their duties--attempting to remedy the errors and omissions, and imperfect arrangements, which have resulted from entrusting the erection of such buildings to, it may be, skillful architects and worthy building committees, but still men without any practical knowledge of the wants of the Insane.

*Commission to examine Insane Prisoners in Pennsylvania.*—At the last session of the Legislature of Pennsylvania, the Hon. Wm. B. Reed, District Attorney of the County of Philadelphia, Dr. Thomas S. Kirkbride, Physician of the Pennsylvania Hospital for the Insane, at Philadelphia, and Dr. Joshua H. Worthington, Physician of the Friends' Asylum, near Frankford, were appointed a Commission to examine any insane prisoners who may be confined in the Eastern State Penitentiary, and to decide who are likely to be benefitted, by being transferred to the State Hospital at Harrisburg, and who may with safety to the community be sent to that Institution. This Commission, we understand, is now engaged in performing the duties assigned it by the Act of the Legislature. The whole subject of providing for insane criminals is a most important one to the community, and we look for an able report from the Committee to whom the subject was referred at the last Meeting of the Association of Superintendents of American Institutions for the Insane.

*Statistics of Insanity.*—From the reports of the visiting justices of Hanwell and Colney-hatch Lunatic Asylum, some very interesting facts have been obtained, and afford ample materials for the consideration and contemplation of the philanthropist. At the Hanwell Asylum during the year, 190 patients were received—viz., 83 males and 102 females. The causes of the disorders of the males being moral in 31 cases, and physical in 31 others—the rest being unascertained. For the females, the moral causes were 5, and physical 19. The moral causes in the males are thus enumerated: Poverty, 3; domestic unhappiness, 2; disappointed affection, 3; grief, 3; dissipated habits, 1; over study of re-



ligious subjects, 3 ; anxiety, 2 ; political excitement, 1 ; remorse, 1 ; disappointed expectation, 1. On the female side—Disappointed affection, 1 ; fright, 1 ; poverty, 2 ; grief, 1. They were mainly divided as to religious principles, as follows :—Church of England, males, 48 ; females, 60 ; Roman Catholic, males, 4 ; females, 4 : not ascertained, males, 32 ; females, 23. As regards education, the following results were obtained :—Well educated, male, 1 ; females, 18 : plainly educated, males, 15 : read and write, males, 33 ; females, 30 : read, males, 2 ; females, 11 : not ascertained, male, 32 ; females, 43. At the Colney-hatch Asylum 411 males and 669 females had been received. Causes of disorders :—Males, moral, 89 ; physical, 140. In the female branch the following only were ascertained :—Moral causes, 90 ; physical, 135. The moral causes of the males are thus enumerated :—Domestic grief, 7 ; intemperance of wife, 7 ; dread of poverty, 7 ; want of employment, 6 ; reverse of fortune, loss of property, &c., 12 ; loss of wife or children, 3 ; disappointed affection, 3 ; unhappiness at home, 1 ; erroneous views in religion, 3 ; sudden shocks, frights, &c., 29 ; jealousy, 3 ; pride, 3 ; over anxiety, 2 ; sudden loss of several cows, 1 ; regret for a theft, 1 ; suicide of a brother, 1 ; over excitement at the Great Exhibition, 1. On this head the female side stands thus :—Domestic misery, from desertion or ill-usage of husband, 13 ; loss of husband, children, parents, &c., 14 ; domestic grief, poverty, &c., 10 ; shock on information of sudden death of relative, 6 ; disappointed affection, 15 ; neglect, 6 ; through reading the trials of Mannings, the murderers, 1 ; father's profligacy, 1 ; erroneous views of religion, 1 ; despondency on quitting service of long duration, 2 ; accidental poisoning of a daughter, 1 ; omission in a bill, 1 ; fright, 14 ; loss of property, 3 ; over-indulgence of parents, 1. Education : read and write, males, 171 ; females, 275 : read only, males, 63 ; females, 135 : no education, males, 79 ; females, 183. Religion : Church of England, males, 238 ; females, 414 : Roman Catholic, males, 35 ; females, 74 : Dissenters, males, 96 ; females, 102 : unknown, males, 32 ; females, 79.—*From an English Paper of September, 1852.*

*Bethlem Hospital.*—At a special meeting of the Governors of this Hospital, held lately, it was recommended by the committee in their report, that there should be appointed a resident Medical Officer of a very superior order, who with the present apothecary, should have the entire management and control of the patients and servants, and by devoting the whole of his time, should secure to the establishment a more perfect attention to the various cases under observation.—*Medical Times and Gazette, May 8, 1852.*



Strange that this arrangement should have been delayed until the present time. The present attending physicians, Ed. Thomas Monro, M. D., Sir Alexander Morrison, M. D., and William Wood, M. D., hearing of the proposed change, inquired of the Governors as to the motives of the proposed change, adding as follows :

“ We feel that we can confidently challenge comparison between the condition of Bethlem Hospital, and that of any similar institution, and those Governors who have attended the Sub-Committee and visited the wards have uniformly expressed the opinion of its good order, and the satisfactory state of the patients generally, in a book under their own hands.

“ The cures during the last seven years have not only equalled, but exceeded those of any corresponding period since the hospital was founded. Mechanical restraint has been gradually diminished, and at last altogether discontinued. Upon these grounds, we earnestly appeal to the committee, whether changes which must degrade us all, and in our persons dishonor our profession, should be thus hastily made, without giving us the opportunity of defending ourselves against any charges which may have been made against us.”

The official reply to the above, contains the following explanation :

“ The appointment of a Resident Physician and Medical Superintendent, which, was unanimously agreed to by the committee, and unanimously confirmed by the last Court, had long been felt by the President and Treasurer, and many Governors, who have devoted much attention to the management of Bethlem Hospital, and who possess considerable experience in the direction of similar establishments, to be a necessary and desirable alteration in the system pursued at Bethlem Hospital, where, in consequence of the number of patients having doubled since the appointment of the present physicians, the introduction of employments on an extended scale, the classification of the patients under the charge of numerous subordinate officers, and the increased duties involved in the improved and daily improving treatment of lunatics, a degree of constant supervision at all times, direct control and undivided responsibility, was imperatively demanded, which it was not in the power of any non-resident physicians under the present system to secure.”

Having thus definitively determined on this most important change, it may be interesting to the Medical Resident Superintendents in this

country, at least, to learn the duties imposed on their foreign associate. We give these from the Medical Journal already quoted, with its comments.

“The proper care of the patients, and the due administration of the Hospital, in accordance with the RULES, shall be his first consideration; next to which he shall use his best exertions to render the establishment effective as a school for the study of insanity and the dissemination of knowledge respecting its nature, causes and present treatment. To effect which

“He shall admit as pupils, medical students who comply with the rules prepared for such cases; the Governors reserving to themselves the right of nominating from the Metropolitan Hospitals, ten pupils, who shall attend gratuitously.

“He shall make such regulations for their instruction, consistent with the comfort of the patients, and the educational proceedings in the other Hospitals, as he may see fit.

“The pupils shall have the privilege of attending all *post mortem* examinations made in the Hospital. He shall give, during each term, a course of lectures to be illustrated by the cases under consideration at the time.

“He shall, at the close of each term, examine the several pupils, and shall recommend to the Committee, the most proficient of them for appointment as Clinical Clerk.

“His salary shall be £700 per annum, exclusive of pupil’s fees, with a residence in the Hospital, furnished with planned and fitted furniture, and an annual allowance of coals, not exceeding twenty tons, with a limited supply of gas.”

We regret, however, most deeply that the Resident Physician is to be “under the control of the President! the Treasurer!! the Committee!!! and the Bethlem Sub-Committee!!!!”

God help the unfortunate wight! We much doubt that any “Fellow or Licentiate of the College of Physicians in London, Edinburgh, or Dublin, or a Doctor of Medicine of the University of Oxford, Cambridge or Edinburgh, qualified to practise as a Physician,” worth such a salary as is offered, will be found to accept the office under the terms proposed. *Mais nous verrons.*—*Medical Times and Gazette*, May 15, 1852.

The manifest and prominent leading defect in the above plan, is that it contemplates carrying out the Superintendence of a Hospital containing 350 patients, with a single Medical person and an Apothecary. Nor



is this a solitary case. Colney Hatch, the largest establishment in Europe, with 1,200 Lunatics, has, according to the *Lancet*, only two Medical Officers.—*Editor*.

*Robert Pate*.—Our readers will recollect that we gave the trial and sentence of this individual at Vol. 7, pages 112, 288. He has subsequently been seen by Lieut. Col. Mundy, at Van Dieman's Land. "He was occupied, along with a party of men in the grey dress and leather cap of convicts carrying fire wood for the engines of a steamer. He was in perfect health of body, and according to his attendants, of mind also. If such be really the case, there can be no pity felt for so sorry a scamp."—*Literary Gazette (London) May 22, 1852*.

*Lunatics at large*.—In the House of Lords, (June 17, 1852,) the Earl of Shaftesbury, in moving the second reading of this bill, said,

"It was a measure that had been long in preparation, and every week's delay in its progress had more and more contributed to manifest its necessity. The case of a member of the other house (Feargus O'Connor,) which had recently engaged such general attention, was one which added great force to the growing demand for legislation of the kind. It was become quite essential that persons so afflicted should not be permitted to wander about, merely because they had not committed some absolute crime. When a crime had been committed, it would be poor consolation to the sufferer, or to the sufferer's friends, or to the public, to know that the perpetrator had at last been taken into safe custody; and there was no knowing from hour to hour when the crime would take place; blows with the hand might at any moment, be followed up in the case of madness, by blows with a knife or a sword. Such cases, moreover, were not exceptional; on the contrary, they were very numerous, and they were particularly rife at moments of public excitement on any subject. The necessity of some provision of this kind was first brought under public notice by the Commissioners of Police in 1848, in a memorial to the Home Office, which arose out of the case of Mr. M——, a case that often appeared in the Police Courts, and was the case of a man who went about threatening the lives of various persons, but whom in the absence of any overt acts of outrage on his part, the Police were not in a position to take into their charge, though he was well known to be mad, and whom, to prevent any violence on his part, no fewer than twelve policemen were engaged for several weeks in watching. The law, as it now stood, would not permit any man to be apprehended, though notoriously to all intents and purposes a lunatic, until he had



committed some positive overt act, and then he was brought up not as a lunatic, but as having been guilty of a breach of the peace. The measure now before their Lordships had been prepared under the sanction of the Commissioners of Police, of the Commissioners in Lunacy, and of the Home Office. The provisions of the bill were very simple and safe.— They enacted, that in the case of any person of the description to which he had referred, going about without relatives, or having relatives, who did not discharge their duty, the police might go before a magistrate, and having made deposition on oath, of the facts of the manifestation of insanity and the probability of violence, the magistrate might order the alleged lunatic to be brought before him, cause him to be examined by two medical men, and if they pronounced him insane, make out an order for his transmission to the County Lunatic Asylum, or if that should be full, to some other place of lunatic reception duly licensed and registered. The existing law was quite inapplicable to the case in view, reaching as it only did, the case of wandering lunatics, or those who were ill-treated or neglected by their relatives. The other provisions were that where any keeper of a private asylum had a dangerous lunatic, for whom nothing was paid, and whom, he might therefore discharge, the magistrate, on due inquiry, might give an order for his admission into the county asylum. Such were the provisions of this measure, and he hoped that their Lordships would at once give it their sanction.”

The Lord Chancellor would not oppose the principle of the bill, but he would suggest that his noble friend should postpone further proceeding with it, until the next session of parliament. It was a most important measure, and required more consideration than it was possible for their Lordships to give it at the present advanced period of the session.

The Earl of Shaftesbury said he would adopt the suggestion of the noble and learned lord, and postpone the measure until next session.— *The Atlas (London Newspaper) June 19, 1852.*

*Insanity of a Murderer?*—The following is an extract of a despatch from Sir James Harris (Ambassador from England at St. Petersburg,) addressed to Lord Grantham, Secretary of State, Dated No 4. November, 15th 1782. Sir James Harris, was subsequently created Earl of Malmesbury, and is better known by that title.

“Two motives, of a very different nature, affect at this moment, the Empress’ mind very strongly, and cast a dark cloud over the course of ambition and glory she seemed to be so prosperously running. The one arises from the humiliating and offensive reason the monied men in Holland publicly assign for refusing to grant her a loan of six millions

she is soliciting, or in any shape to increase the trifling debt she already owes them. The other proceeds from a most unfortunate accident which has happened to Prince Orlow, who is returned to the capital after an absence of a few months, in a state of perfect insanity. The conduct of the Amsterdammers raises her indignation, hurts her pride, and justly alarms her, lest the credit of her Empire should be injured by the crude manner in which they assert that its riches and resources are both imaginary and precarious; the other impresses her with the deepest concern, and it should appear that at no period of her life, her feelings were so strongly and painfully moved as by this melancholy event, which has befallen her earliest favourite, and a man who at all times, has been the fond object of her affections, if not of her passions.

“Her conduct has been one of the most boundless regard, carried even to weakness. She absolutely forbids any harsh methods to be employed, rejects all ideas of confinement, or discipline, and hoping, against all precedent, to restore him by gentleness and indulgence, she suffers him not only to visit and be visited, but admits him, at all hours, and in all dresses, whether she is alone, in company, or engaged in the most important concerns, to her presence. His situation of mind, when he is there, his wild and incoherent discourse ever affect her to tears, discompose her so entirely, that for the remainder of the day she can enjoy neither pleasure nor business. She is sometimes exposed to hear the most unwelcome of all language, and a few nights ago, he exclaimed, of a sudden, that remorse and compunction of conscience had deprived him of his senses, and that the share he had in a transaction long since past, (the death of Peter the Third, the Empress’ husband, who was dethroned July 6, 1762, and *died* in prison a few days after,) had brought down on him the judgment of Heaven. Your Lordship may easily guess to what a cruel recollection such expressions in his mouth must give rise, and how intimately connected the tranquillity of her conscience must be with that of his; but however these ungrateful subjects may embitter the moments she passes in her closet, their influence does not stop the progress of public business, or that of her ambitious pursuits.”—*Lord Malmesbury’s Diaries and Correspondence, Vol. 2.*

*Rarity of Repetition of attempts at Suicide by Fire-arms.* By M. H. LARREY.—M. H. Larrey, in a recent discussion, observed, that according to his experience suicidal maniacs may make repeated attempts at terminating their existence by poison, drowning, or other means of inducing asphyxia, and even by the sword or dagger; but that individuals who have once attempted to kill themselves by *fire-arms*, scarcely ever



renew their suicidal endeavor, but resort eagerly to all surgical means capable of correcting or effacing the effects of their mutilations. Among numerous others he might allude to, he referred to two young soldiers, now at the Val de Grace, who having in vain endeavored to blow their brains out, have never since shown the slightest attempt to repeat the act. A case occurred to Dupuytren in the person of a soldier, who after having in vain attempted his life several times, at last endeavored to blow out his brains, but only succeeded in mutilating his face. Cured, however, of the effects of this serious accident, he became also forever cured of his suicidal mania. M. Larrey inquires, whether the cerebral commotion produced in these cases effects a salutary perturbation in the mental condition?

M. Brierre confirmed M. Larrey's statements; and observed, that it may be advanced, if not as an absolute, at least as a very general rule, that individuals that have once endeavored to shoot themselves never repeat the attempt. Frequently, at the end of several years, they make new attempts at suicide by other means. Persons, on the other hand, who have failed in accomplishing their death by the various other means, frequently recur to those among them which they have already uselessly employed.—*L'Union Medicale, in Boston Med. and Surg. Journal, May 1852.*

*Dr. Dickson, (of South Carolina,) on Monomania.*—"I have never certainly seen any instance in which a *single faculty*, or power of the mind was perverted *exclusively*, that is, allowing all others, their normal range and capacity. I have examined many such, and have always found some collateral disorder and confusion. In medical jurisprudence, it is extremely unsafe to suggest or maintain the views which are becoming so prevalent in the present day on this point. Unless there were certain other exhibitions of mental aberration, I cannot agree to hold guiltless a thief, simply because he exhibits an inordinate thieving propensity, nor a murderer, because he is urged on by a homicidal inclination, any more than I would acquit of the guilt of assault a morbidly pugnacious man. The doctrine is untenable and dangerous, and will, if pressed, lead to a cruel and savage reaction, as in the case of Baker of Kentucky, where a furious maniac suffered the penalties of the law, while howling defiance to all laws; a scene of inhumanity sufficient to have 'hung the heavens with black.'"—*Dr. Dickson's Essays on Life, Sleep and Pain.*

*Medical Witnesses in Cases of Insanity.*—In some parts of the United States, it is becoming quite common to summon the Medical Superintendents of Asylums in cases of doubtful sanity, and this without regard



to distance, and with but little attention to the expenses to be incurred. In addition to this, the individuals to be adjudged on, have scarcely ever been seen by the Superintendent, until possibly just before the Courts open, and indeed usually not until the prisoner is arraigned.

Now the Superintendent is a State Officer, appointed to certain duties, and for the due performance of which he is held responsible. Can he duly discharge these, if by the same power, he is summoned to, and detained week after week, in counties often far removed from his residence?

Reflecting much on the growing frequency of this evil, (as we regard it,) we took the liberty some time since, of addressing a Manager of our State Lunatic Asylum, and a gentleman of the legal profession, as to his views on the subject.

We copy a portion of his reply, and very seriously submit it to the consideration of such of our Legislators as may see it.—*Editor.*

“Compelling a Superintendent of a public institution like this, to travel all over the State, and without compensation in criminal cases, in obedience to a subpœna, is a serious wrong to the individual and to the institution, and some corrective should be provided. My impression now without having given the subject much reflection, is to provide by law, that the Superintendent shall not be bound to attend as a witness in any civil or criminal case, in which he has no personal knowledge of any fact material in the issue to be tried, or in other words, he shall not be required to attend merely to give a professional opinion, or an opinion as an expert in insanity.

“When the Superintendent has personal knowledge of a fact to be proved in the case, it would be wrong to deprive either party of the benefit of his testimony, and he should be liable to be subpœnaed the same as any other person. You might also, if it be thought best, make it the duty of the Superintendent, as a public officer in the service of the State, to give his opinion in writing, on any case or statement of facts or testimony, in relation to insanity, submitted to him by the Governor, or any one of the Judges. This would enable the Governor to get his opinion, if he desired it in all cases of application for pardon or commutation, on the ground of the insanity of persons convicted of crime.

“These are my views, hastily and crudely expressed, and therefore subject to modifications by further consideration and discussion.”

*A Singular Case—The Treatment of Crime.*—A correspondent of Wyoming county sends us an account of a case of mental malady, moral hallucination, or whatever it may be called, which lately occurred in that

region, and which may suggest some useful reflections for the student of spiritual pathology.

Something over a year since, the people of a quiet district of that county were startled with a report charging the crime of theft upon the wife of one of the most esteemed citizens of the place. What rendered the charge still more exciting, was the fact that both the accuser and the accused were members of the same church, and both of hitherto untainted reputation. A suit for slander was the consequence; but before the trial came on, such was the difficulty in the way of justifying, and such the drift of public opinion in favor of the accused, that yielding to the advice of counsel, the defendant, who was also a woman, proposed terms of settlement, and procured a release from prospective damages by paying the plaintiff some forty dollars to discontinue the suit.

Meanwhile the church took up the matter and tried the accuser, who seemed thus wrongfully to charge her sister with so grave an offence. On this ecclesiastical trial the accuser adhered to her original declaration, but, not sustaining it, was expelled from the communion of the society. After this the accused went before the Grand Jury of the county, and made an earnest endeavor to procure an indictment against her accuser for perjury. But this failed, and for some time the position of the parties remained unchanged—the accused justified by the church and the world, and the accuser eclipsed by a suspicion of perjury, and in disgrace among those she had been wont to love and honor as brethren and sisters.

But suddenly, from some cause not fully explained, the accused party, after having triumphed over the accusation and its author, has confessed the truth of the charge. She admits, too, that it is true not only in the single case alleged, but that for years she has been in the habit of pilfering. A person of good education and respectable connections, she was in the possession of ample means to satisfy every desire, and stole merely to gratify an irresistible passion. What she took she used to destroy immediately afterward. Though haunted by the keenest sense of sin in the act, and wont before going where she might be tempted to commit it, to retire to her closet, and on her knees, and with tears of agony streaming down her cheeks, to implore the help of heaven to subdue the propensity, she still perpetrated the offence on every occasion.

On this confession, the husband of the unfortunate woman hastened to make restitution to all sufferers. Our correspondent adds, that in this sore affliction he is sustained by the sympathy of all who know the parties.



We recollect several similar instances of habitual theft occurring within the past twenty years in Albany, Boston, this city, and other places. They would seem to require a modification of the usual view of crime, and to suggest a more humane treatment of its perpetrators. In these cases the offence has none of the features of a malicious and wilful wrong committed against others, for the sake of some real or fancied advantage to the offender. Its characteristics are those of malady. The resistless impulse, against which the prayer of faith and the anguish of a soul bathed in the horrors of repentance, were unavailing; the theft committed for the sake of committing it alone; the immediate destruction of the stolen article without an attempt to make use of it—are all the symptoms of intimate and subtle disease rather than of wilful and criminal depravity. In our view, the unhappy person deserves the tenderest pity from her stronger and saner fellow beings, but not the scourge of public condemnation, abhorrence and scorn.

Our treatment of crime has been dictated by the necessities of Society in its various periods, and at this day we do not doubt that it is generally what the exigencies of our social condition require. But as it has hitherto grown less rigorous and more humane with the advancing wealth, intelligence and morality of the people, there is no doubt that it will continue to change in the same direction. The time will doubtless come when such facts as those we have stated above will have their weight in legislation; meanwhile they are of great importance as elucidating the philosophy of the subject.—*N. Y. Tribune Newspaper.*

We solicit the views of our Correspondents on the above.—*Edit.*

*On the Prognosis in Mental Diseases*, by JOHN CONOLLY, M. D. [Transactions of the Provincial Med. and Surg. Association, vol. xviii. 1851.]—The following summary of this paper is given in the *London Journal of Medicine*, for July, 1852:

The prognosis is mostly *unfavorable* in the following circumstances; Structural disease of the brain or its membranes; cases of insanity occurring in children under ten or eleven years of age; cases occurring in young men, especially when there is a perversion of the moral character; cases in persons aged about fifty or fifty-five, associated with some idea connected with sexual feelings; (somewhat unfavorable) occurrence of frequent paroxysms of mania in young persons of either sex, without manifest disturbance of the general health, and with intervals of rationality; cases in women, connected with obscure uterine causes, continuing throughout life; cases of acute mania, if they have continued more than a month (Esquirol;) the occurrence of epilepsy during mania, especially



if repeated ; the supervention or persistence in long-standing cases of illusions of hearing and seeing ; incoherence of language—delusions as to persons and places, and as to rank, riches or poverty—also dirty habits ; general paralysis of the insane ; change of character, followed by general paralysis ; melancholia at about forty-five or fifty years ; alternations of melancholia and excitement ; the occurrence of mania, talkativeness and restlessness, in patients who have long been melancholic, inactive and silent ; regular intermittence of the disorders ; rapid pulse and fever in puerperal mania ; repeated attacks of mania from intemperance ; insanity occurring after many years from falls or blows on the head ; insanity from overgreat mental exertion, or from violent mental impressions ; cerebral excitement in hot climates, especially, if continuing after a return to England ; insanity in a family where pulmonary consumption or scrofula has appeared ; cases attended with dropsy, jaundice, erysipelas or heart disease ; the supervention of general debility during insanity ; mania resulting from thickening of the membranes, or excitement of the brain, following fever ; great increase of fatness attending increasing feebleness of mind ; monomania appearing for the first time in men or women of forty or fifty years of age ; cases occurring after the age of seventy ; cases of mania and melancholia, in which patients have been largely bled ; and finally, violent restraint and other acts of mismanagement, put the maniacal patient into the most unfavorable position for recovery.

The prognosis may be considered more or less *favorable*, when the undermentioned conditions are present—cases of imbecility or idiocy in children, much more favorable than generally expected, as shown by the result of the attempts to educate idiotic children ; cases occurring in men when about to marry ; cases occurring in young women at puberty, the symptoms amending with the establishment or restoration to regularity of the uterine functions ; acute attacks of mania or melancholia from the age of 20 to 45 or 50, the most sudden and violent attacks being most favorable ; religious delusions in women of various ages, generally connected with ovarian or uterine disorder ; melancholia in women of 45 or 50 ; melancholia in young persons ; partial return of consciousness, with violent weeping in maniacal cases, when beginning to recover ; cases of puerperal insanity ; melancholia and delirium connected with plethora or anemia ; the supervention, in some cases of ulcer or some local disorder ; and the appliance of rational treatment and attention to the patient's comfort, in an asylum, will do much to render the prognosis favorable.

*A Youthful Monomaniacal Incendiary.*—The accused fourteen years of age, was arraigned before the Assizes of the Seine (France.) He is small of his age, his brow is narrow and his eyes sunk. He is well dressed, belonging to a respectable family of workmen at the Faubourg Saint Antoine, and *no motive can be assigned for his crime than a kind of monomania.* On his trial, he replied coolly, and was altogether unaltered, in the presence of his weeping parents. The Advocate General urged the nature of his offence, and the accused being under the age of sixteen, it remained with the jury to decide on his responsibility. Their decision was in the affirmative.

The Counsel for the prisoner urged that he had been subject to a monomania, which prevented the free use of reason—reason indeed scarcely formed and demanded that he be returned to his parents.

The President of the Court addressed the jury, and on their return, they brought in a verdict of guilty as to the crime, but at the same time, returned a negative on his capacity of mind (*sur la question de discernement.*)

The Court, in accordance with the powers granted to them by the 66th Article of the Penal Code, acquitted him of the crime charged, but ordered that he should be detained in a House of Refuge (*Maison du correction*) until he had arrived at the age of twenty years.—*Gazette Des Hopitaux, August 19, 1852.*

*On Vacillations of the Globe of the eye, as a sign of Insanity.*—By M. Merier, Physician in chief to the Public Asylum at Saint Dizier.

I have not seen described, in any works on insanity, a sign which I observed fifteen years since, for the first time at the Salpetriere, and which consists in a *trembling, oscillation, or vacillation* of the globe of the eye—a species of permanent and continued convulsion, by means of which lateral movements, and sometimes, but more rarely, those up or down are constantly occurring, without it being in the power of the most energetic will on the part of the patient to prevent them.

When I first noticed this appearance, as above, I called the attention to M. Falret to it. He replied that it was only a part of the general lesion of motions, which always existed in the insane, and that he had been the first to introduce this among the Semeiotics of Mental Diseases.

Since that time I have carefully observed this sign, and have found a number of patients, with whom, it occurred in a marked manner. I have now one at Saint Dizier, in whom the lateral movements are so marked and so incessant, that he is unable to fix his eye for a single moment on an object, without extreme suffering.



My continued observations on the appearance have led me to the following results.

1. That this appearance of convulsive movements (most commonly lateral) always coincides with the period when the affection passes from the acute to the chronic, as for example, from mania to dementia.

2. That the existence and persistence of these ocular motions present an unfavorable prognostic, since so far as we have observed, all cases of this description have proved incurable.—*Gazette Des Hopitaux*, August 19, 1852.

We protest against the idea that either Falret or Meriér has been the first to notice the symptom in question. The latter cannot be very deeply read in English writings on Insanity, nor can we upon the observation of about four thousand lunatics subscribe to the value of the symptom.

*Central Criminal Court*, London, November 29, 1849.—*The Queen v. Frances*. Insanity—Evidence—Examination of medical witnesses.—

[On a trial for murder. evidence was called on the prisoner's behalf, to prove his insanity. A physician, who had been in court during the whole trial, was then called on the part of the prosecution, and asked, "whether, having heard the whole evidence, he was of opinion that the prisoner, at the time he committed the alleged act, was of unsound mind?" Held, notwithstanding the opinion of the judges in the *Queen v. Naghten*, that such a question ought not to be put, but that the proper mode of examination was to take particular facts, and assuming them to be true, to ask the witness whether in his judgment they were indicative of insanity on the part of the prisoner at the time the alleged act was committed.]

The prisoner was indicted for wilful murder. The defence was, that the prisoner, at the time he committed the act which caused the death, was in a state of insanity, and witnesses were called on the part of the prisoner to show that insanity had existed in many members of the prisoner's family, and that he himself had been insane three years previous. At the close of the case for the defence, a physician who had been in court during the whole case, was put into the witness-box, and asked by

Mr. BODKIN (for the prosecution) whether, from all the evidence he had heard, both for the prosecution and the defence, he was of opinion that the prisoner, at the time he did the act in question, was of unsound mind?

ALDERSON, BARON. I cannot allow such a question to be put.



Mr. BODKIN quoted the case of the *Queen v. Naghten* (8 Scott's New Reports) in which the judges, in stating their opinions to the House of Lords, observed that such a question might be put. The following question was submitted to them: "Can a medical man, conversant with the disease of insanity, who never saw the prisoner previously to the trial, but who was present during the whole trial and the examination of all the witnesses, be asked as to the state of the prisoner's mind at the time of the commission of the alleged crime, or his opinion whether the prisoner was conscious, at the time of doing the act, that he was acting contrary to law, or whether he was laboring under any, and what, delusion, at the time?" The answer of the judges was this: "We think the medical man, under the circumstances supposed, cannot in strictness be asked his opinion in the terms above stated, because each of these questions involves the truth of the facts deposed to, which it is for the jury to decide, and the questions are not mere questions upon a mere matter of science, in which case, such evidence is admissible, but where the facts are admitted, or not disputed, and the question becomes substantially one of science only, it may be convenient to allow the question to be put in that general form, though the same cannot be insisted on as a matter of right."

CRESWELL, JUDGE. That case decides that the question can not be put as a matter of right.

ALDERSON, BARON. And I do not think that it ought to be put at all. I am quite sure that decision was wrong. The proper mode is to ask what are the symptoms of insanity, or take particular facts and assuming them to be true, to ask whether they indicate insanity on the part of the prisoner. To take the course suggested is really to substitute the witness for the jury, and allow him to decide upon the whole case. The jury have the facts before them, and they alone must interpret them by the general opinions of scientific men.

CRESWELL, JUSTICE, concurred.

The prisoner was acquitted.—*Cox's Criminal Law Cases*, vol. 4.

*Stafford Summer Assizes. Before Lord Chief Justice Campbell. July 26, 1850. Doe Dem. Bainbrigge v. Bainbrigge.* This was an action directed by the Court of Chancery to ascertain the mental competency of a testator to make a will.

Towards the conclusion of the plaintiff's case, Dr. Monro, Dr. Connolly and Dr. Forbes Winslow, were severally put into the witness' box to give evidence on the question of insanity.

COCKBURN, (Solicitor General,) on the part of the lessor of the plaintiff, who asserted the incompetency of the testator, was about to ask Dr. Monro, whether in his opinion from the facts proved in evidence, the testator was sane or insane.

LORD CAMPBELL, Chief Justice, interposed and said the witness might give general scientific evidence on the causes and symptoms of insanity, but he must not express an opinion as the result of the evidence he had heard with reference to the sanity or insanity of the testator, his lordship saying peremptorily that he would not allow a physician to be substituted for a jury.

The Solicitor General hereupon proposed in form the following question to the first witness, Dr. Monro, for the purpose, if it should be necessary, of having its propriety determined in the court above, "Having heard the evidence in this case, are you of opinion that the gentleman was or was not of sound mind?"

KEATING, Queen's Counsel objected to the question.

LORD CAMPBELL said; "I have not the slightest hesitation in overruling it," but at Mr. Cockburn's request he took a note of the point.

Dr. Monro was subsequently proceeding to state, on cross examination, an opinion upon the facts proved in the cause, when LORD CAMPBELL again interposed and requested the witness not to express an opinion upon these facts, but to confine himself to general scientific principles.

The jury ultimately returned a verdict for the plaintiff.—*Cox's Criminal Law Cases*, vol 4.

*On Measles observed in Idiotic Children, by M. Delasiauve.*—The remark has frequently been made, that in certain classes of the insane, incidental diseases exhibit a severity which is not usually observed in persons in the possession of their faculties. Exactly the contrary to this has been, it is true, maintained by some, and supposed immunity asserted. Georget and Esquirol, however, have shown that insanity disposes the subjects of it to be more severely affected than are others by ordinary disease, and Ferras especially points out dementia and idiocy as unfavorable conditions in this point of view. M. Thore, also, in a special essay on the subject, adopts the same view. M. Delasiauve deduces the same conclusions from the opportunities he has had of observing epidemics of *measles*, at the Bicetre. The children of the *employes* of the establishment were recently attacked in great numbers and from these the disease was communicated to the idiotic and epileptic children. While among the former the eruption pursued a nominal and favorable course, anomalous conditions complicated it among the latter, and very



often rendered it fatal. In different epidemics there has been observed a predominance of some one of these, such as engorgement of the lungs, of the brain, or the parotid, œdema, &c. Violent diarrhœa was the especial characteristic of the present one. Besides this, however, in six out of eight cases, occurring in one section, asphyxia from bronchitis occurred, endangering the lives of the whole and terminating fatally in two.—*British and Foreign Medico-Chirurgical Review*, July 1852, from *Annales Medico-Psychologiques*, vol. 3.

*Muscular Power of the Insane*, by M. Morel.—A general popular error prevails, that the insane are endowed with inordinate muscular power, and this explains, why so many persons are brought to the Marville Asylum tied and corded. When M. Morel was first appointed to this, he found numerous patients bound up, reputed dangerous, and especially so, because of their vociferations. He set them at liberty without any ill effect, and attributes much of the violence that had previously occurred to the ill conduct of the attendants. He agrees with Jacobi, that as a general rule, the insane exhibit no inordinate muscular power, and some of the patients of almost colossal stature are easily managed by one person. Indeed, the insane when engaged in manual labor, soon tire and require frequent repose. If some of them by exception, work with a feverish activity, and display great strength, the majority are dejected and languid. The persons in whom he has met with the greatest developement of muscular power, belong to the following categories. 1. Persons of small stature, delicate complexions, and nervous temperament, and especially females who appear exhausted by their cries and agitations. Among such miserable looking beings, a power of resistance is developed under certain circumstances, which defies the united energies of several attendants. 2. Insane epileptics. 3. Monomaniacs who are not yet exhausted by the disease, or irrational treatment. When their passion is opposed, these persons sometimes manifest a resistance only to be overcome by several attendants.—*British and Foreign Medico-Chirurgical Review*, from *Annales Medico-Psychologiques*, vol. 3. N. S.



## BOOKS RECEIVED, &c.

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THE JOURNAL OF PSYCHOLOGICAL MEDICINE AND MENTAL PATHOLOGY. Edited by Forbes Winslow, M. D. No. 18, April 1, 1852.

1. Crime, Education and Insanity.
2. The Psychology of Epochs. (Humbolt's Cosmos.)
3. Nervous Influence, (Review of Mrs. Carleton's Work.)
4. Dr. Webster's Notes on Continental Asylums, (in continuation.)
5. Lunacy—case of Mrs. Catherine Cumming, tried before Francis Barlow, Esq., one of the Masters in Lunacy, and a special Jury, January 7th to 24th inclusive, 1852. (The testimony and pleadings in this case extend over 179 pages.)

No. 19, JULY 1, 1852.

1. The Overworked Mind.
2. Dr. Williams on Insanity.
3. Magic, Witchcraft, and Animal Magnetism.
4. On Mental Physiology.
5. State of Lunacy in England.
6. Private and Lunatic Asylums.
7. Provincial Asylums for the Insane in France, and a Report of the Institution at Illnau, in the Grand Duchy of Baden.
8. Mental Dynamics, in relation to the science of Medicine.
9. Description of a new bed and bedstead for the use of the Insane and other patients.
10. Baron Alderson's "charge against Private Lunatic Asylums."
11. A singular case of Monomania.
12. Mortality and Insanity in separate plan prisons in England and America.
13. Bethlem Hospital.
14. Colney Hatch Lunatic Hospital.
15. The election of Medical Superintendent of Bethlem Hospital.
16. Mrs. Cumming.

We intended to present additional extracts from this and the Journal below, but the accumulation of other matter has prevented.

ANNALES MEDICO-PSYCHOLOGIQUES. April 1852.

1. Lelut on the Phenomena and Principle of Life.
2. J. Moreau on the precursors (prodromes) of Insanity.
3. Notice of recent researches in Goitre and Cretinism, and in particular those of Dr. Ferras. By Dr. CARRIERE.
4. New Regulations of the Medico-Psychological Society.
5. Analysis of French Journals. BRIERRE DE BOISMONT on the judicial declaration of a state of insanity, and on the law relative to the wills of persons said to be insane (*Annales D' Hygiene*). BEAU on a cerebral disease, which may be called acute general palsy. CARRIERE, therapeutic review on the treatment of diseases of the nervous system.

6. Analysis of American Journals, being a retrospective review of the *American Journal of Insanity*, from 1844 to 1251. The following papers are noticed and analysed:—Sudden attack of insanity, and instantaneous recovery; case by Dr. Brigham, (see vol. i. p. 52.)—Duration of Insanity, three years—complete recovery; case by Dr. Brigham, (vol. i. p. 54.)—Case of burglary and insanity, by Dr. Brigham, (vol. i. p. 77.)—Dr. Woodward on homicidal impulse, (vol. i. p. 323.)—Mr. Edward Daniell on impulsive insanity—case of homicidal monomania, (vol. 3. p. 10.)—Return of forgotten things and events during nervous illness; from Coleridge, (vol. iv. p. 222.)—Case of William Freeman, (vol. v. October No.)—Dr. Luther V. Bell on a new form of disease &c., vol. vi. p. 97.)—Dr. Luther V. Bell on the coercive administration of food, (vol. vi. p. 223.) Our friend is repeatedly styled Dr. *Luther*.—Dr. Ranney on a form of insanity, particularly occurring in emigrants, (vol. 7, p. 53.) Dr. Hun's case of Amnesia; (vol. 7. p. 358.) Bibliography and summary.

#### ANNALES MEDICO-PSYCHOLOGIQUES. JULY 1852.

1. Lelut, Memoir on Sleep, Dreams and Somnambulism.
2. Billod, on the lucid intervals of the Insane.
3. Brierre De Boismont, observations on Delirium Tremens.
4. Analysis of French Journals. On the state of the Law concerning wills made by supposed insane persons, by Brierre de Boismont, with notes by M. Isambert, of the French Bar, (Annales D' Hygiene.) With various other papers.
6. Therapeutic review of the treatment of nervous diseases, by Dr. Carriere (New remedies proposed, etc.)
6. Analysis of American Journals continued from last number. *American Journal of Insanity*. Dr. Howard Townsend on Delirium Tremens, (vol. 7, p. 364. On a particular form of insanity, called Oinomania, (vol. 8. page 1.)
7. Analysis of English Journals. Extracts from Dr. Forbes Winslow's *Journal of Psychological Medicine*. Bibliography, summary.

(In this number Dr. Townsend is printed *Towsand*, as Dr. Luther V. Bell, was Dr. *Luther*, in the previous one. We supposed such errors were peculiar to the French, but they are fully equalled by the contributors to Ranking's Half Yearly Abstract, vol. 15. On page 330, we have the honor to be inscribed as Dr. *Romega Beck* of *Abany*. We ought perhaps to acknowledge the courtesy, which informs us that a copy of the volume will be sent to our agent in London. We have forwarded it to the Library of the Asylum.)

The Physician's Pocket Dose and Symptom Book, containing the doses and uses of all the principal articles of the *Materia Medica*, and chief officinal preparations. By Joseph H. Wythes, M. D. Lindsay & Blakeston, 1853.

*Materia Medica*, or Pharmacology and Therapeutics. By William Tully, M. D. Vol. 1, No. 1. Springfield, 1852.

Transactions of the Missouri Medical Association. St. Louis, 1852.

An Address delivered before the Medical Society of Virginia, at its 29th annual meeting. By Beverly R. Wellford, M. D. Richmond, 1852.

Statistics of the Deaf and Dumb. A paper read before the Medical Society of New York, June, 1852. By Harvey B. Peet, LL. D.



Report of the Board of Directors of the Provincial Lunatic Asylum, for 1851. Quebec, 1852.

Southern Medical and Surgical Journal, October, November, December.

Ohio Medical and Surgical Journal, November.

Nelson's Northern Lancet, October.

New Jersey Medical Reporter, October, November, December.

Transylvania Medical Journal, October.

Western Medico-Chirurgical Journal, October and November.

Worcester Medical and Surgical Journal, October, November and December.

St. Louis Medical and Surgical Journal, November.

Medical News and Library, October, November and December.

New Orleans Medical and Surgical Journal, November.

American Journal of Pharmacy, October.

Charleston Medical Journal and Review, November.

Stethoscope, October and November.

Boston Medical and Surgical Journal, regularly.

Medical Examiner, October, November and December.

North Western Medical and Surgical Journal, October and Nov.

Nashville Journal of Medicine, October and November.

New York Journal of Medicine, November.

Buffalo Medical and Surgical Journal, October, November and December.

New Hampshire Journal of Medicine, October and November.

Canada Medical Journal, October, November and December.

American Journal of Medical Science, October.

Quarterly Summary, Transactions College of Physicians, Philadelphia, October.

British and Foreign Medico-Chirurgical Review, October.

New-York Medical Times, Oct., Nov. and Dec.

New-York Medical Gazette, October and December.

Scalpel, November.

Western Lancet, October and November.

American Journal of Dental Science, October and November.

Dental News Letter, October.

Dublin Monthly Journal of Medical Science.

Dublin Medical Press.

Bulletin L'Academie Nationale de Medecine, Paris.

Revue Medicale.

Gazette des Hopitaux.

Journal des Connaissances Chirurgicales, Paris.

Gazette Medicale, Paris.



A M E R I C A N  
JOURNAL OF INSANITY.  
FOR APRIL, 1853.

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ARTICLE I.

INSTITUTIONS FOR THE INSANE IN PRUSSIA,  
AUSTRIA AND GERMANY.\*—BY PLINY EARLE,  
M. D., late Physician to the Bloomingdale Asylum for  
the Insane, New-York.

A U S T R I A .

“The Lunatic Asylums in Austria,” says Mr. Wilde,  
“are numerous. With the exception of Dalmatia, Transylvania and the Military Borders, each Austrian province has a special public institution of this description. Up to a very recent period these institutions were no more than gaols for the safe keeping of the insane, without any attempt being made to effect recovery, by moral restraint or medical relief; and it is but a very short time since the government thought fit to appoint physicians to these establishments.

“This table exhibits the number of Asylums, and the insane confined in them, in 1837 :

\* Continued from p. 277.

	No. of Asylums.	Males.	Fem.	Total.
Lower Austria, .....	2	453	465	918
Upper Austria, .....	2	57	55	112
Styria, .....	1	72	105	177
Carynthia and Carniola, .....	2	28	35	63
Coast Land, .....	1	27	19	46
Tyrol, .....	2	72	45	117
Bohemia, .....	1	264	147	411
Moravia and Silesia, .....	1	45	29	74
Gallicia, .....	1	149	127	276
Lombardy, .....	9	746	676	1,422
Venice and District, .....	16	611	469	1,080
Total, .....	38	2,524	2,172	4,696

“ There are, besides these, several private institutions with whose statistics I am not acquainted ; the public ones all belong to the state, their expenses are defrayed from the *Aerarium*, and the receptions are partly gratuitous. It would appear by reference to the foregoing table, in which the males exceed the females by 352, that the insane females are fewer in Austria than in other countries : the contrary, however, is the fact : but the female lunatics being more frequently provided for by their own families, the correct number is not seen by the statistical returns.”\*

It is not within the scope of my present purpose to treat particularly of the institutions in the Italian provinces mentioned in the table. I have described, from personal observation, one of the most important of them, that at Venice, in a former publication.† In regard to those of the other provinces, something may be said of the largest and best of them ; but of the minor ones I have no specific information.

\* Austria ; its Literary, Scientific and Medical Institutions. By W. R. Wilde, M. R. I. A. Dublin. 1843.

† Visit to Thirteen Asylums for the Insane, in Europe.

## 1. LOWER AUSTRIA.

Kaiserliche koenigliche Irren-Heil-anstalt, at Vienna.

“ “ Irren-Pflegeanstalt, at Ybbs.  
Privat Irrenanstalt, near Vienna,

## 2. BOHEMIA.

Kaiserliche koenigliche Irrenanstalt, at Prague.

## 3. TYROL.

Kaiserliche koenigliche Provinzial Irren Heilanstalt, at Hall.

## 4. SALZBURG.

Irrenanstalt, at Salzburg.

## 1. LOWER AUSTRIA.

## THE INSTITUTION AT VIENNA.

At Vienna, as upon the campagna of Rome,

“ There is a stern round tower of other days,”

and if the former exceeds the latter in antiquity, it cannot claim a similar pre-eminence in point of utility. The Roman structure commemorates the name but not the virtues of Cecilia Metella ; the Austrian edifice is a monument of the benevolence of the Emperor Joseph the Second ; and whatever may be its architectural defects, and how much soever its management may have been inferior to that of the best institutions of the present day, it has exercised its charitable mission in yielding assistance and relief to thousands of human sufferers.



The *Narrenthurm*, as it is popularly called, is in the outer city of Vienna, adjacent to the General Hospital, of which, in its organization and financial management, it is a department. It was built by order of the Emperor above mentioned, who defrayed a portion of the expense from his private purse. It was opened in 1784, and, according to Dr. Viszànik, its present principal physician, "was the first institution in Europe which, from its foundation, was intended exclusively for the treatment of the insane." Its form is that of a cylinder, or of a truncated cone. It is five stories in height and encloses a central area or court. In each story there is a narrow corridor next to the inner wall, receiving its rather scanty light through small windows opening into the court. The rooms are on the opposite side, next to the external wall. There are twenty-seven of them in the lower story and twenty-eight in each of the others, making an aggregate of one hundred and thirty-nine. Each room is eleven feet long, ten feet wide, and nine feet high, a liberal size considering the time at which the building was erected. Part of the floors are of wood, part of marl-stone. They descend towards the door. The windows are five and a half feet from the floor, three and a half feet high and one and a half wide, guarded by iron bars. In many of the rooms there are iron rings, fixed, by an imbedded staple, to the floor or the wall, for the purpose of restraining violent patients, through the medium of chains. The bedsteads of the quiet are high, board bunks, those for the violent and the epileptic, low, plank bunks, or, in some instances, a mere plank platform elevated a few inches above the floor. The furious patients sleep upon straw strewed upon the floor. The beds are all of straw, generally superposed by a double, coarse shag blanket.

The floors of the corridors are of brick. The building is warmed by hot-air furnaces. No person can enter the apartments of the patients, and no patient go out of doors, without passing through the room of an attendant—this room being the only one, in each story, which opens upon the landing at the head of the stairs.

The number of patients varies from two hundred to two hundred and fifty. The first, fourth and fifth stories are occupied by men; the other two by women. It is required that in each department, at least one attendant shall, at all times, both day and night, be present, out of bed and dressed, ready to attend to any necessity upon the part of the patients. Such of the inmates as have poor clothing when admitted, those who are suspected of a disposition to escape, and some others, are dressed in uniform. The grounds are very limited, and there is not sufficient work to keep the patients employed. Some of them work at joining and turning. They have no bathing room, no books, no amusements, no musical instruments and they attend no place of worship. The implements for bodily restraint are the strong jacket, bed-straps, iron manacles and anklets, and chains. The last are now rarely used.

The foregoing facts are chiefly derived from the description of the institution published by Dr. Viszànik, in 1845. It will be perceived that they relate exclusively to the Narrenthurm, which, as will subsequently appear, is but a part of the establishment.

Mr. Wilde, whose work appeared in 1843, visited this tower twice, and records his experience in the following words:—"I regret to say that, as far as my inspection of it was permitted, it remains, to this day, a wretched, filthy prison, close and ill-ventilated, its smell overpowering and the sight of its patients, frantic, chained, and



many of them naked—disgusting to the visitor. With the greatest care, and under the kindest treatment, insanity is ever humiliating, even to those accustomed to its horrors ; but here it was, and I fear still is, sickening to behold.

“ On the first morning that I visited it, a crowd of country folk, many of whom were women, waited for admittance at the massive outer grating. The bars and bolts having been withdrawn, they were conducted through the corridors along with me, as a mere matter of curiosity, or as one would go to see a collection of wild beasts ; and, wild as they were, the few who had, by long continued custom, become familiar with, or accustomed to, the public gaze, had their peculiar energies soon lashed to frenzy by the inhuman taunt of some hardened keeper, who was more than once called up by our conductor to excite the impotent rage of some particular individual, perhaps by allusion to the very cause of his or her insanity. All this was for the gratification of the rustic visitors.

“ Further details are, I feel, superfluous ; but since I visited Grand Cairo I have not witnessed such a scene. This state of things in a city calling itself civilized, and under the very nose of monarchy, surprised me the more, for that one of the best managed institutions of the kind I have ever seen is that at Prague, under the direction of the intelligent and philanthropic Dr. Riedel ; and those of Berlin and other parts of Germany are models for general imitation.”

So far from Mr. Wilde. But Dr. Viszànik, in the work already mentioned, says, “ Humanity reigns as the leading spirit at our institution. Every thing is given to our patients which can expedite their cure or meliorate their condition, and every thing which could retard their restoration carefully avoided.”



There are, certainly, very striking contrasts, asserted or implied in these two extracts. "Who shall decide when doctors disagree?" Dr. Koestler,\* the predecessor of Dr. Viszànik, is said to have labored hard for the benefit of the patients. I know not at what time he died, nor when his place was supplied by the present incumbent. There was an interval of but two years between the publication of the books from which the extracts are made; but this was probably an important era in the history of the Narrenthurm. During that period Dr. Viszànik had visited the institutions of Prague, Berlin, Hildesheim, Sachsenberg, Marsberg, Siegburg and Illenau, and associated with such men as Riedel, Ideler, Bergmann, Flemming, Ruer, Jacobi, Roller, Damerow and Heinroth. Whatever might have been his previous qualifications, both natural and acquired, it is not to be presumed that he could return from such a journey without more enlightened and liberal views, or devoid of a determination to use his best endeavors towards bringing the institution under his care into a condition more nearly approximating that of those which he had inspected.

Be that as it may, the tower and its inmates, at the time of my visit, in August, 1849, presented an aspect far superior to that which must necessarily have been anticipated from a perusal of the description by Mr. Wilde. That the general architecture of the Babel-like building is miserably adapted to the purpose for which it was intended; that it is too much compressed, awkwardly arranged internally, deficient in light, and, in many respects, superlatively inconvenient, cannot reasonably be denied. These, however, are defects of construction,

\* Dr. Koestler wrote a work on foreign asylums, entitled "*Bemerkungen ueber mehrere Irrenanstalten von England, Frankreich und Belgien.*" It was published at Vienna, in 1839.

arising from an attempt to provide for the largest possible number of persons in the smallest space compatible with any degree of personal comfort. But the apartments were decently clean, most of them commendably so, and the patients were neither ragged, filthy, nor in chains.—In the upper stories, partitions had been removed so as to unite several rooms into one, for associated dormitories. There was a workshop for the manufacture of chair-seats and straw-mats, and another for various kinds of paper or paste-board boxes. The latter bore the evidence of industry, in a large assortment of its productions ready for the market. But the defects in the resources for bathing, exercise out of doors, amusement, recreation and attendance upon religious services, still existed.

I had an evidence of one of the inconveniences of the building, in the manner in which the patients took their dinner. No table was spread, for the very substantial reason that there was none to be spread, and no room for one of sufficient size. The food was brought into the corridor and distributed. Each patient, having received his ration, made himself comfortable as best he could, standing, sitting, or lying, with his dish in his hand, in his lap, or on the floor.

As early as 1803, the tower became so uncomfortably crowded that a neighboring establishment, originally constructed for a Lazaretto, was prepared for the curable and the quiet. Between the two lie a yard, and the botanic garden of the Josephinum Academy. The Lazaretto, as it is still termed, consists of two buildings. The larger is two stories high, and contains, aside from the apartments of some of the officers, twenty-nine rooms, of various dimensions, capable of accommodating about ninety patients. The smaller has four rooms, or wards, generally occupied by from fifty to sixty inmates. A



chapel is connected with this department of the institution, but it is so small as to exclude the occupants of the tower. There are, also, yards for the use of the patients. One of them is furnished with a bowling alley.

At a still later period, a department of the buildings of the General Hospital was also devoted to insane patients. This has apartments for fourteen pay-patients. Each room contains a bedstead, closet, bureau, table, an arm-chair, two common chairs, and a night stool, all made of oak. In short, the patients in this department, as well as many of those in the Lazaretto, are made very comfortable.

The subordinate Medical Officers are two Physicians and two Surgeons. The number of attendants, in the whole establishment, is fifty-eight. At the time of my visit the number of patients was three hundred and sixty. Nearly five hundred had been admitted in the course of the preceding year. The number was said to be increased by the political difficulties. A majority of the patients received soon after the revolution of 1848, and whose disease was attributed to that as the immediate or the remote cause, were melancholiacs; but many were suffering under mania of the most excited form.

The prices paid for patients, are in the

1st class	40 florins	C. M.	per month,	}	Payable quarterly in advance.
2d	" 25	"	30 kreutzers per month,		
3d	" 9	"	per month,		

Ten florins per month, additional, is required for a special attendant.

The following extract from the work of Dr. Viszànik, contains the principal information which I have obtained relative to the medical treatment:—



"It was reserved for the present time to show the brilliant results of the cure with cold water in mental disorders. A new epoch has commenced in practical psychiatry, since, at our institution, during the last four years, one-third of the patients have been treated with no medication other than cold water, even in the most difficult and complicated cases, and that with the most glorious results." The book contains a detailed history of several cases thus treated.

In reference to the general results of the proceedings of the institution, during the whole period of its existence, the doctor says, "We would, by no means, shun a comparison with the most celebrated establishments of other countries." He gives a large quantity of statistics, of which the following are the most valuable.

From 1784 to 1843, inclusive, a period of sixty years,

	Men.	Women.	Total.
Admitted,.....	7,048	6,228	13,276
Discharged cured,.....	3,242	2,649	5,891
"    not cured,.....	1,742	1,993	3,735
Died,.....	1,911	1,415	3,326
Remaining, Dec. 31st, 1843,	153	171	324

In the department of the buildings of the General Hospital, from 1828 to 1843, inclusive, sixteen years,

	Men.	Women.	Total.
Admitted,.....	749	745	1,485
Discharged cured,.....	555	503	1,058
"    not cured,.....	108	143	251
Died,.....	68	74	142
Remaining,.....	9	25	34
Total of admissions,.....	7,788	6,973	14,761
Total of cures,.....	3,797	3,152	6,949*
Total of deaths,.....	1,979	1,489	3,468

\* Dr. Flemming asserts that he has been informed that "the great number of cures chiefly arose from the fact that all cases of delirium tremens, and many of febrile delirium, admitted into the General Hospital, were immediately transferred to the Asylum for the Insane." See *Algemeine Zeitschrift für Psychiatrie*, vol. iv. p. 320.

Of the whole number admitted from 1839 to 1843, inclusive, there were

	Men.	Women.	Total.
Single,.....	1,047	986	2,033
Married,.....	642	557	1,199
Widowed,.....	100	258	358
Total,.....	1,789	1,801	3,590

The expenses of the institution, in 1843, exclusive of salaries, was 26,283 florins, 48 kreutzers.

In 1848, a Society of Patronage, for the purpose of assisting poor patients upon their exit from the establishment, was formed in Vienna. Dr. Viszànik is its president.

The Austrian authorities have long been aware of the defects of this institution, but imperial governments move more slowly in the field of benevolence than in that of war. Armies must be equipped and continually sustained, at all hazards and at any expense, but suffering humanity may die or suffer, still a little longer. Effectual measures have, however, been taken within the last few years, to furnish better accommodations. A beautiful and extensive establishment, in the suburbs of the city, is now nearly completed. Eight hundred thousand florins have been appropriated for its construction.\*

#### ASYLUM AT YBBS.

The city of Ybbs is upon the Danube, at the distance of about two days' journey from Vienna, on the route to Upper Austria. The scenery in its neighborhood—the valley of the largest river of south-eastern Europe,—is diversified and beautiful; and this, together with the salubrity of the air, caused it to be selected as the location of Persenberg, one of the private palaces of the imperial

\* This institution is now (1852) in operation, under the superintendence of Dr. Riedel, late Director of the Asylum at Prague.



family of Hapsburg. In 1717, a large building was erected upon a hill, about one mile out of the city, and used as barracks for cavalry. During the wars of Napoleon, in 1813, it was made a military hospital, and, in 1814, converted into an alms-house. In 1817, when the tower at Vienna had become inconveniently crowded, part of the quiet, incurable patients were removed to this place, where a department had been prepared for them.

The building is very large and surrounds two courts. The insane are mostly kept in the lower story of the second square. The corridors are broad and airy. The court, and the garden used by the patients—the latter on the outside of the square—are intersected by a double, trellis fence, for the separation of the sexes. The number of patients varies, from three hundred to three hundred and fifty. The place was devoted exclusively to incurables, and received all its patients from the institution in Vienna, until 1842, when, by order of government, the curable of the province of Lower Austria—excepting the city of Vienna—were, and still continue to be, admitted. At the same time it was furnished with two special medical officers, a physician and his assistant.

Among the patients removed from Vienna, as incurable, there have been many suffering from debility, cachexy, scorbutus and dropsy, who, under the influence of the purer air, and the greater amount of bodily exercise enjoyed at Ybbs, have entirely recovered their mental, as well as their physical health. The recoveries of such as were believed to be incurable, are said to be equal to five per cent.

Dr. Goerg has a private institution, at Doeblingen, near Vienna, but I have no further information in regard to it.



## 2. BOHEMIA.

### INSTITUTION AT PRAGUE.

Prior to 1790, a few of the insane of the city and vicinity of Prague were admitted into the hospital of the Brothers of Charity, but far the greater portion were either kept at home, permitted to wander about the streets and the country, or chained in strong rooms. In the year mentioned, a building adjoining the General Hospital was prepared for the reception of patients of this kind, and, subsequently, a few rooms in the Hospital were devoted to the same purpose.

The edifices of the old convent of St. Catharine were prepared, the smaller, in 1822, and the larger in 1827, for the insane patients, and, until within a year or two, have constituted the principal buildings of the institution. The quiet and the curable of the better classes were kept in the larger edifice. Sometime about the year 1827, Dr. Joseph Gottfried Riedel was made assistant physician, and he has retained his connection with the establishment, but raised to the place of Superintendent, to the present time. With a sagacious and acute perception of the wants of the insane, and a recognition of their capabilities apparently in advance of his time, he soon brought the establishment into an excellent condition, and gained a celebrity which, even to this day, is perhaps hardly second to that of any physician in a similar sphere, throughout the territory in which the German language is spoken. As early as 1830, the institution, so far as we are informed, in its organization, management and moral treatment, would scarcely suffer in comparison with the

best of later times. In that year, Dr. Riedel published a description of it, from which I have quoted some of his remarks upon restraints, in the introductory chapter. In order, as nearly as may be, to impart an accurate idea of the establishment at that time, I shall confine myself, for the present, to information derived from that publication.

The patients are urged to occupy their time, as much as will be beneficial to them, with useful labor, and those who require such an inducement are rewarded. "The disposition to acquire is so radically interwoven with the nature of man, that it does not forsake even the maniac. Hence the weakened energy should be constantly excited by the charm of some small recompense. Most of the insane are like children; a trifle will stimulate them to the greatest exertions, or efforts of skill. The truth of this is sufficiently proved by daily experience."

Two of the four gardens belonging to the institution were laid out and planted by the patients, in 1828. They also assisted in cultivating the rest of the land. Some saw wood, others carry water, and assist in cleaning the floors, and in other household labor. Tailors and glove-makers work at their trade. "Many have an inclination to manufacture a variety of knick-knacks, such, for example, as little baskets from cherry stones; and the skill thus displayed is wonderful. Some make pasteboard toilet, jewels, money, and traveling baskets." The women sew, knit, embroider, and assist in domestic duties. Some also work in the garden. "The educated portion are employed in transcribing, in the study of languages, or in original composition. A few make herbariums and collections of minerals. Those who understand music, perform terzettes and quartettes which they have themselves transcribed. At worship in the house-chapel, they assist so skilfully that even the ear of the connoisseur



would be gratified. A sum of money has been granted for the purchase of musical instruments, and already a violincello, a violin, a viola, a flute and a guitar have been procured." The organ in the chapel is played by one of the patients.

"It is greatly to be desired that every patient should be employed according to his knowledge or predilection. The artisan should again find his shop, the artist his studio, and the learned their museums in the asylum, whereby the world of dreams into which they have fallen would be forgotten, and the power of delusion overcome by that of reality."

Draughts, cards, ninepins and gymnastics, furnish the means of amusement and exercise. A billiard table has been ordered. The patients' library, now containing one hundred and fifty volumes, is very useful. The mechanical means of restraint are the strong jacket, the waist-strap and muffs. Every patient is bathed each week, and the unclean, daily. In every fatal case, a post-mortem examination is made, forty-eight hours after death.

With two hundred and sixty patients, there are forty-four attendants. The house surgeon reads the rules of instruction to each attendant, when taken into the employ of the institution, and to all of them as often as once in every month. On the 1st of January, 1827, the number of patients was 199. During the three years, 1827, '28 and '29 there were admitted 311; discharged, cured, 151; not cured, 32; died 71. Remaining, December 31, 1829, 256.

Thus far from Dr. Riedel, in 1830. Mr. Wilde, whose book, as has already been mentioned, was published in 1843, gives the subjoined account.

"This admirable asylum contains three hundred and thirty beds, and is most humanely and scientifically con-



ducted. It is well worth the inspection of all who visit that ancient and magnificent capital. The system pursued there of engaging the attention and employing the minds of all the patients by moderate labor, household occupations and amusements, is worthy of imitation. The reading, music, and billiard-rooms, though filled with lunatics, were as quiet and well-conducted as many of those used by the so called sane portion of the population. During my visit the band played some excellent music; and dancing, and even balls have been lately introduced, with a happy effect. From fifty to sixty patients are discharged, cured, annually. I am indebted to Dr. Riedel for the following statistical record during the six years—1835 to 1840, inclusive—prior to 1841.

	Men.	Women.	Total.
" Admitted, .....	425	326	721
Discharged cured, .....			261
Improved, .....			95
Died, .....			182"

We now approach another authority, that of Dr. Viszànik, who visited the institution in July, 1843. There were then three hundred and forty-one patients, many of whom were imbeciles and epileptics. The latter are in a separate department. The houses are heated by hot-air furnaces. The beds and pillows are of horsehair.—Uniformity of clothing, among the patients, that is, a distinct, peculiar and characteristic dress, is carefully avoided. The establishment is remarkable for its systematic order, and for well-organised labor for the patients. Among the employments are tailoring, shoemaking and weaving. A saving of twenty per cent is made by this home-manufacture of linen. The patients are paid for their work, and the money thus earned, after deducting a small sum for keeping their clothes in repair, is given to them when they leave the institution. The tailors had

seventeen hundred florins due them at this time. Ninety florins belonged to one man. Dr. Riedel says that labor often effects a cure when all other measures, both physical and moral, have failed.

Parties, presents, &c., are given, generally as a reward for, or a stimulant to labor. Music is a daily exercise; in winter, after supper, in the parlor, in summer, before supper, in the garden. There are, also, daily, morning, and evening prayers. At the commencement of 1833, the number of patients in the house was 262; in the course of eleven years, to the close of 1843, 1456 were admitted, making the total of 1718. Of these, 603 were discharged cured, 34 "not cured," and 167 improved; 75 were removed to other asylums, and 517 died.\* It is asserted that some of the cases were delirium tremens.

The Prague Quarterly Journal, for 1847, states that Dr. Riedel had a demented epileptic whose fits were severe, and of almost daily recurrence, with symptoms of chorea during the intervals. After being subjected to the influence of ether, by inhalation, the latter entirely ceased, and the former became much more mild. A maniacal epileptic, after inhalation of ether on fourteen (successive?) days, had fits much less frequently. In a melancholy epileptic, also submitted to the influence of ether, the fits, which had been as frequent as from three to eight, daily, entirely stopped.

In 1846, a new building designed by Dr. Riedel, was opened for the reception and treatment of curable patients. The asylum was also disconnected in its government from the general hospital. It is now, therefore, an *independent, relatively-connected institution for curables and*

\* Erinerungen aus der Irrenanstalt zu Prag, von Dr. L. Spengler.



*incurables*, fulfilling the general German ideal of a perfect establishment :—an asylum in its highest grade of development. It can accommodate 400 patients, 150 curables, and 250 incurables. Each department has two assistant-physicians, and the two, a house surgeon in common, Drs. Fischel, Mildner, Merawek, Weber and Keller filled these offices in 1846.

### 3. TYROL.

#### INSTITUTION AT HALL.

Few vallies are more picturesque than that of the river Inn, as it runs through the northerly part of Tyrol. It is bounded, on either side, by an almost uninterrupted chain of the Saltzberg Alps, which, in many places, lift their precipitous and barren summits to the height of from six to eight thousand feet above the level of the sea. Its fertile meadows are luxuriant with grass, and grain, and Indian corn, and are interspersed with the dwellings of the peasants, which, from their Swiss-like architecture, add the charm of novelty, with a tincture of romance, to the scene thus spread before the traveller.

The city of Hall is about six miles below Innspruck, the capital of the province. It stands upon the borders of the valley, immediately at the base of the mountains. Upon its confines, in its upper or more elevated district, are the buildings of an old monastery from which the monks were expelled some sixty years ago. They are now occupied as an “imperial, royal, curative institution for the insane,” having been converted to that purpose, in 1830, by order of the Emperor, Francis the First, of Austria.

Dr. John Tschallener has been its superintendent since the year 1834 ; and its present assistant-physicians



are Drs. Stoltz and Scharting. The salaries of the assistants are 500 and 400 florins, with rooms, wood and lights. The chaplain receives 400, and the steward 600 florins, with similar perquisites. There are two supervisors, or over-attendants. They are required to read the rules of the house to the attendants, every month. They are also responsible for the clothing of the patients and the furniture of the rooms, of all of which they take a monthly inventory.

In reference to price, there are three classes of patients. Those of the first class pay fifteen kreutzers, about ten cents, per diem; those of the second, thirty, and of the third, fifty kreutzers. Some are received gratis. The whole number, at the present time, is one hundred, of whom seventy-six are men, and twenty-four women. Many of them are from South Tyrol, and speak only the Italian language. The principal statistics of the institution, from September, 1830, to December 31st, 1847, are subjoined.

	Men.	Women.	Total.
Admitted,.....	232	115	347
Cured,.....	92	36	128
Died,.....	34	17	51

Rejecting one man, an improper subject, their civil condition was as follows :

	Men.	Women.	Total.
Single,.....	189	85	265
Married,.....	51	30	81

Dr. Tschallener makes a monthly report to the Chief-Officer of the Provincial Bureau of Medical Affairs, at Innspruck, and that Officer visits the institution annually. This is all the inspection to which it is subject, by authorities superior to the superintendent.

The principal edifice is two stories high, exclusive of the basement, and has the form of a hollow square, the

enclosed area of which is about 150 feet in length, by 45 in width. This area, or court, is planted with flowers, and further ornamented by a fountain. Open corridors surround it upon the level of both the first and the second floor.

The general internal arrangement of the building is this. The patients' rooms are next to the external wall, the windows overlooking the gardens, the city and the country. Next to the internal walls,—their windows and doors opening into the corridors, and, through them, overlooking the enclosed court,—is another series of rooms which are occupied by the attendants. Thus, no patient can enter or leave his apartment, without passing through that of the attendant. The stoves by which the apartments are heated are in the attendants' rooms, the heat passing into those of the patients through an opening over the intercommunicating doors. The stoves stand near the wall, through which they are supplied with fuel from the corridor.

The windows open upon hinges, the sash of each being composed of four distinct divisions. They were formerly protected only by strips of iron attached to them, as at the Charity Hospital in Berlin. This prevented them from being broken, but did not secure the patients from escape, when the windows were open. Hence those to the rooms for violent patients have been guarded, upon the inside, by wooden palissades; and the others, on the outside, by iron bars. Yet a day watch is kept for the purpose of preventing elopements. Another, and perhaps more important reason, exists for this watch, in the defective arrangements for the separation of the sexes. When in the corridors, the men and women patients can converse with each other without hindrance, except from some superior authority.

The bath-rooms and the department for the violent are in the basement. One of the former is small, and heated by a stove, the other is very large and supplied with numerous moveable, wooden tubs. The floor descends from all sides towards the middle, where there is a large, circular cistern, six or seven feet deep, sunk into the earth so that its rim is upon a level with the floor. This is used as a common bath, and can be occupied by from fifteen to twenty persons at the same time. The descent into it is by a ladder. The shower-bath and douche are so arranged that their height may be graduated from six inches to ten feet above the head. The size of the stream of the douche may also be varied. They have here, as at some of the institutions already described, that convenient and useful apparatus, the flexible hose, with moveable douche and shower implements at its extremity, for the purpose of directing the water upon any part of the body.

As a curative agent, the warm bath is much more employed than the cold, even in mania. The douche is but little used. Opium is rarely administered, and never in doses exceeding one grain. Tartar emetic is not unfrequently given as a nauseant.

In cases of acute mania, originating in inflammation and accompanied by high excitement, the patient is placed in a darkened room, his arms confined if necessary. Cold applications are made to the head, the feet are immersed in warm water, and, subsequently, the soles covered with poultices among the ingredients of which are salt and vinegar. The diet is restricted, and acid drinks, such as tamarind water holding in solution gum Arabic and nitrate of potassa, are given. Local bleeding is sometimes practised; venesection rarely.



There are generally some cases of paralysie gènèrale among the patients. At the present time there are two. Dr. Stoltz, who has been connected with the institution many years, says he has never known a case of recovery. "Everything," to use his expression, "has been tried here, and the treatment is now only palliative."

Many of the patients have the goitre, but are subjected to no treatment for it. Two deaf-mutes have been admitted in former years.

One of the novelties at this establishment is an unique contrivance for the security of persons disposed to suicide. A sack of coarse, strong linen, about ten feet long and fifteen feet in circumference, kept expanded at the top as well as the bottom, by a strong rim, whether of wood or metal I did not observe, is placed upon the floor near the centre of the room. Two ropes attached opposite to each other, to the upper rim, pass over pulleys fixed to the ceiling. The ropes being slacked, the upper rim rests as nearly upon the lower one as the intervening folds of the sack will permit. The patient is placed within this rim, that is, in the mouth of the sack, and the ropes are drawn until the rim is raised nearly to the ceiling, when they are fastened. The patient is within the sack, and cannot easily escape or injure himself.

"Kindness," says Dr. Tschallener, "is the basis of the proper management of the insane. It is my right hand, as earnestness and severity are my left."

"I am careful to mete to the insane such measure as they mete to me. To the good-humored I am good-humored, to the rude unceremonious, to the proud haughty, to the submissive affable, to the peaceable yielding, to the quarrelsome repulsive, and to the well-mannered in-

dulgent ; of the simple I am watchful, and of the crafty, cautious."

Again, quoting from Heinroth, "Obedience is the ground of the physician's management. He who does not obey voluntarily must be made to obey. Even the dignity of the physician requires this. The physician must be a father to his patients, and children must be obedient to their father. If they do not obey, they govern. If they govern, they cannot be properly reared and educated. So is it with the insane."

With the disobedient he is "patient and long suffering," but he appears to assume, as some others have done, that with rare exceptions, the insane can behave properly if they will. Obedience granted, he apparently spares no trouble in ministering to the enjoyment of his patients. He grants them all possible and appropriate privileges ; assists in their instruction, accompanies them to parties in the neighborhood, gives musical soirees for them in his family apartments, and encourages them in their work by occasional pecuniary recompense. Some patients have left the institution with as much as thirty guldens thus acquired.

Many of the men are employed in the garden. Tailors, joiners and shoemakers work at their respective trades. The women sew, knit, spin and assist in the household duties. The linen for the whole establishment is made up by them.

Among the resources for amusement are billiards, nine-pins and a shooting ground. The Tyrolese are celebrated marksmen. The bowling-alley is but about eighteen inches wide, and the balls three inches in diameter. The pins, which are correspondingly small, are set in the form of a lozenge, one of the acute angles

being towards the player, and at the middle of the diameter of the alley.

The institution has a collection of minerals and a library for the use of the patients. A school is taught three days in the week. Religious services are performed twice, daily, in the chapel. Some of the melancholiacs are not permitted to attend.

#### 4. SALZBURG.

##### ASYLUM AT SALZBURG.

The Asylum at Salzburg was destroyed by fire, in 1818. Since that time the incurable patients have been kept in the Kammerloheschen Hof, and, as this building does not furnish the accommodations necessary to a curative establishment, the curables are mostly treated in the St. John's Hospital. The average number of patients is but nineteen.



## G E R M A N Y .

The subjoined list of the Institutions in the German States is supposed to be very nearly complete.

## 1. KINGDOM OF SAXONY.

Koenigliche Heil-und Verpflegeanstalt, Sonnenstein,  
at Pirna.

Landes Irren-Versorgungs-anstalt, at Colditz.

Leipziger Irrenanstalt, at Leipsic.

Irrenanstalt, at Hubertusburg.

Privat Irrenanstalt, Thonberg, near Leipsic.

Privat Irrenanstalt, Lindenhof, near Dresden.

Privat Irrenanstalt, at Pirna.

## 2. BAVARIA.

Kreis Irren-Heil-und-Pflegeanstalt, at Erlangen.

Irrenanstalt, at Baireuth.

“ at Irrsee.

“ at Bamberg.

“ at Wurtzburg.

Kreis-Armenanstalt, at Frankenthal.

Irrenanstalt, at Giesing.

## 3. WURTEMBERG.

Koenigliche Heilanstalt, Winnenthal, at Winnenden.

Koenigliche Irren-Pflegeanstalt, at Zwiefalten.

Privat Irrenanstalt, Heimbach, near Esslingen.

## 4. HANOVER.

Koenigliche Heilanstalt, at Hildesheim.

“           Pflegeanstalt für Männer, at Hildesheim.

“           “           für Frauen,           “

## 5. GRAND DUCHY OF BADEN.

Grossherzogliche Heil-und-Pflegeanstalt Illenau, at  
Achern.

## 6. MECHLENBURG-SCHWERIN.

Grossherzogliche Irren-Heil-und-Pflegeanstalt, Sach-  
senberg, at Schwerin.

## 7. OLDENBURG.

Irrenanstalt, at Blankenburg.

## 8. HESSE DARMSTADT.

Landes Irrenanstalt Hofheim, at Darmstadt.

## 9. DUCHY OF SAXE WEIMAR EISENACH.

Irren-Heil-und-Pflegeanstalt, at Jena.

## 10. BRUNSWICK.

Irrenanstalt, at Brunswick.

## 11. NASSAU.

Herzogliche Heil-und-Pflegeanstalt, Eberbach, at  
Eberbach.

## 12. SAXE MEININGEN HILDBURGHAUSEN.

Irrenanstalt, at Hildburghausen.

## 13. ELECTORATE OF HESSE-CASSEL.

Irrenanstalt, at Haina.

“ at Merxhausen.

## 14. PRINCIPALITY OF LIPPE DETMOLD.

Irren Heil-und-Pflegeanstalt, at Brake.

## 15. FREE CITIES.

Irrenanstalt, at Frankfort-on-the-Maine.

Privat Irrenanstalt, Oberneuland, near Bremen.

“ “ Rockwinkel, “ “

A department of the General Hospital, at Hamburg.

## 16. SCHLESWIG HOLSTEIN.

Irren-Heil-und-Pflegeanstalt, at Schleswig.

Privat Irrenanstalt Hornheim, at Kiel.



## 1. KINGDOM OF SAXONY.

### SONNENSTEIN.

Pirna lies upon the southern banks of the Elbe, ten miles above Dresden. A railroad connects the two cities, and as one is passing from the latter to the former, his eye is regaled by a beautiful view up the valley of the river. The romantic district of the "Saxon Switzerland" stretches in fine perspective before him; Koenigstein and Lilienstein lift their precipitous cliffs, each in solitary grandeur from the valley which surrounds them; and the distant mountains of Bohemia lie like clouds, faint, misty and blue, against the far horizon.

At the eastern extremity of Pirna, a rocky promontory, from one hundred and fifty to two hundred feet in height, springs, like an excrescence, from the ridge of hills which limits the valley of the Elbe, and extending to within a few rods of the river, terminates in an abrupt, precipitous declivity. As upon the lofty eminences along the borders of the Rhine, so upon this promontory, the lords of Auld Lang Syne dwelt in their solitary and ferocious grandeur. But when, in the course of time, these chiefs were summoned to repose, with the ashes of their fathers, beneath the soil which they had trodden so proudly, their fortified castle was converted to the purposes of national defense and warfare. This mission completed, another of a far different nature was commenced. The river of blood terminated in the clear, broad sea of benevolence, and Sonnenstein, so long the residence of the destroyer, became the dwelling of those whose duty—whose

labor is, *to save*. For this fortress, at least, the sword was beaten into the ploughshare, the solitary place was made glad, and the desert blossomed as the rose.

“Sonnenstein,” says Damerow, “was the morning sun of a new day in the sphere of insanity in Germany. With the mildly illuminating rays which emanated from this high point, came warmth, light and life into the gloom of institutions for the insane. There, the trembling hope, the wavering faith that a permanent restoration of mental diseases was no longer to be considered among events of rare occurrence, developed itself to the ripe fruit of certain knowledge, which scattered far and wide, over all the realm of insanity, the seeds of humanity and philosophy.”

The Asylum was opened in 1811, and, being the pioneer of the well-organised curative establishments of the kind throughout all the German countries, and its management proving so successful in regard to results, its reputation was widely disseminated, until it became the oracle of its sphere,—the Gamaliel, at whose feet disciples were glad to gather knowledge. In 1819, Dr. Raimann, delegated by the government of Austria ; in 1825, Commissioners from Silesia, and also from the Court of France ; and, in 1827, a Commissioner from the government of Prussia visited it for the purpose of learning its special merits. It also counts among its visitors, the Russian Empress Maria Frederowna. Some benefit to humanity may have occurred from these proceedings, but far greater through the physicians mentioned in another place, who have been educated here, and are now applying their knowledge as Superintendents of other similar establishments.

Sonnenstein is a national, or, rather a Royal Institution. It is under the general direction of a Board of Commissioners consisting of the Chief Minister of the Govern-



ment, the Counsellor of the Ministry, and the Government Counsellor. They reside in Dresden, and sometimes send a delegate to inspect the Asylum. It has three Medical Officers, the Superintendent, Dr. Pienitz, a Secundar-Physician, Dr. Klotz, and an Assistant, Dr. Lessing. Dr. Pienitz was a pupil of Pinel. With the present number of two hundred and sixty inmates of Sonnenstein, there are thirty-nine attendants, besides supervisors and a night-watch.

Although the institution was originally intended for curables alone, many of its present patients are incurable. A person for whom admission is desired must be visited by the physician of the district, who writes a detailed history and description of the case. This report must be sent, with an application for admission, to the Commissioners in Dresden. If, upon investigation, they believe the person a fit subject for the asylum, they forward to its superintendent a permit for his reception. In cases of the urgent necessity for immediate seclusion, a patient may be received upon the *parere* of a physician; but the customary preliminary proceedings must, in such cases, be subsequently made. The price of board and treatment in the first class is 150 thalers, in the second, 75, and in the third, 50 thalers per annum. In the first class, from twenty to thirty thalers, and in the second and third, from ten to twenty thalers additional is charged for washing, mending, &c. The use of a bed is also an extra item, but one may be brought with the patient. Besides the classes just mentioned, there are some patients, in what is called the Pension-Anstalt, or boarding-department, who pay from six hundred and fifty to seven hundred thalers a year. Each of these has a private apartment, a special attendant, and more expensive food than those in the cheaper classes.



The annual disbursements generally amount to about twenty-eight thousand Prussian thalers. One half of this is paid from the royal treasury, the other by the income from patients. The expenses of the poor are sometimes wholly, sometimes in part defrayed by the communes from which they are sent.

The buildings principally consist in two large edifices, unsymmetrical and differing very considerably in size. The larger is occupied by men, the smaller by women. The internal arrangement, though irregular, is such that the patients are divided into sections of from five to thirty, each section generally having a day-room, dining-room, and dormitory. At the present time, but one patient, and he a convalescent, sleeps in a room alone. "Society," remarked Dr. Klotz, as I accompanied him through the establishment, "society is a medicine." The idea is worthy of a place in the "proverbial philosophy" of all men. Even the violent, unless they be absolutely furious, are not permitted to sleep without another patient or an attendant in the same apartment. An attendant lodges in each of the larger dormitories, his bed being separated from the others by either a curtain or a wooden partition extending but part of the way to the ceiling.

The window-sashes are suspended, in sections, upon hinges. The windows are all guarded on the outside, by upright iron rods, as small as is compatible with security. Dr. Klotz said that this method is generally preferred in Germany, to all others, and has been adopted in the new buildings of the Bohemian Asylum, at Prague. The apartments are heated by earthen stoves or furnaces, most of which, as at several of the institutions already described, open into the corridors alone, and are there supplied with fuel. There are no apertures over the doors of the rooms, and no special contrivances for ventilation.

The bedsteads are of iron, light and moveable. They are generally furnished each with a paillasse and a feather bed, and their principal covering is the light sack of feathers so generally used in some parts of Germany. The household furniture, with few exceptions, is no stronger than that of ordinary dwelling-houses. The high priced boarders have sofas and other articles to correspond, but no carpets.

There are three bathing-rooms, one for convalescents, and one for either sex of those who are still under treatment. The tubs are made of zinc, and painted. They are so short that the occupant must maintain a position either sitting, or but partially reclining. The water, both hot and cold, is received through fassets over the top.—There are no partitions between the tubs. The douche is upon a long, flexible hose.

An apparatus for cooking by steam was introduced about two years since, but its superiority over the former method,—that of fires, in the ordinary German style—is still considered as questionable. Knives and forks are a part of the table furniture; but both are peculiarly made. The blade of the knife is short and sharpened only upon a small space near the rounded end. The fork has three or four tines, but these do not exceed an inch in length.

The purely medical treatment at this institution is restricted, as much as possible, to a few, simple remedies, as rhubarb, senna, and the saline cathartics. Generally, the hope of cure is based upon the hygienic effects of a suitable diet, regularity of hours, the discipline of the establishment, exercise, amusements and the other means of moral treatment. Some use, however, is made of the douche and of baths. In the too free employment of the latter, it is thought there is danger of over-stimulating the skin and thus destroying the healthy balance of vital ac-



tion between the surface and the viscera. In ordinary forms of insanity, venesection is never practised. "There is no indication for it," said Dr. Klotz, "except in apoplexy." Even local bleeding is rarely prescribed.—Opium is sometimes given, with benefit, in melancholia: never, however, in quantities to exceed two grains in the course of the day. It is usual administered in the form of Dover's powder. Tartar-emetic is more frequently used, but only in cases of maniacal excitement. It is occasionally employed as an irritant along the vertebral column. Ether and chloroform have been tried, but without beneficial results.

There have been many cases of *paralysie générale* among the patients. "I have been engaged in the treatment of the insane for twenty-five years," remarked Dr. Klotz, "and I have never seen a case of this disease cured." Here, the abstraction of blood from patients suffering under this malady is never permitted. In case of a delirious access, the patient is placed in bed, a *lavage* and a cathartic administered to him, sinapisms applied to the feet, and, if thought necessary, a blister to the back of the neck.

Several persons who have been under treatment at this asylum, were blind. Some of them were so, before the origin of the mental disorder. In some, the insanity was attributed to grief for the loss of vision. One of the men-patients, now here, has a goitre very nearly as large as his head. It is more nearly upon the median line, or directly superposed upon the anterior surface of the trachea than any which has heretofore come under my observation. Its weight is chiefly supported by a suspension bandage carried around the neck. Dr. K. does not approve of much, if any medical treatment in this disease. He has a child troubled with it, but has resorted to hygi-



enic agents alone in its treatment. He says that iodine, which at one time gained a widely extended reputation, as a specific remedy in the disease, has now fallen into disuse. He thinks it is deleterious to the organs of generation.

The camisole and the "tranquilizing chair," similar to those heretofore described, are used for restraint. I noticed, also, a common armed-chair, with padded straps attached for the purpose of confining a patient within it. If a patient, whose hands are restrained, goes into the airing courts, a cloak is thrown over his shoulders, lest his feelings of self-respect might be wounded. Violent patients are never confined in rooms artificially darkened. It is thought better for them to be able to see the objects by which they are surrounded. If they refuse food, and successfully resist attempts to open the mouth, they are fed by means of a tube passed through the nostril into the œsophagus. The floors of the strong rooms are of brick covered with a thick coat of varnish. Thus they do not absorb the excretions, retain no unpleasant odor, and are easily washed. The walls are painted, and the windows protected by wooden palisades.

It is perhaps superfluous to remark that, at Sonnenstein, a high estimate is placed upon the curative influence of manual labor. Some of the men work upon the grounds connected with the institution; others, accompanied by an attendant, are employed upon the neighboring farms. There are workshops for tailors, shoemakers, and some other artisans. Persons who have previously been unaccustomed to labor, are induced, if possible, to do light work in the garden. Absolute coercion is never resorted to, but the deprivation and the granting of privileges, and, occasionally, pecuniary recompense are employed as induce-

ments. The sum of seventy-five thalers is annually appropriated to this purpose. Smoking is permitted.

The grounds to which the patients have access are several acres in extent, well cultivated and ornamentally planted. In those which are attached to the men's department there are various means of gymnastic exercise, a bowling alley and a shooting ground. Among the amusements within doors, are cards, draughts, backgammon, chess and billiards. Music is much practised, the asylum being furnished with no less than six piano-fortes, besides other instruments. Balls are sometimes given, and a general *festa* annually. There is a library for the patients, and a school is kept part of the time. Religious services are performed in a chapel connected with the largest building. A majority of the patients attend upon these occasions. Since 1834, the Chaplain has resided out of the Asylum. Many of the patients are permitted to attend the funerals of those whose disease has terminated fatally.

Dr. Klotz resides in a new building, near the base of the hill, upon its western side. This house is large, and contains apartments for patients. The high-priced boarders are removed to it, from the other buildings, as soon as they have become convalescent. The rooms of the men are at one extremity, those of the women at the other; and, between the two, there is a large saloon for social and festive parties. The pleasure grounds of these patients are upon the declivity of the hill. The first two hundred and twelve patients received into the Asylum, were chiefly brought from the old receptacles of Torgau and Waldheim, and were nearly all incurable. From 1811 to 1839, a period of twenty-eight years, 1,255 patients were admitted, 264 discharged cured, and 391



removed to other asylums, incurable: 340 died, and, at the close of 1839, 48 were at home, upon trial, but not discharged, a large part of them supposed to be cured.

	Men.	Women.	Total.
Patients, January 1, 1840,.....	134	78	212
Admitted in six years, to the close of 1845,....	377	278	655
<hr/>			
Whole number,.....	511	356	867
Discharged,.....	138	120	258
Removed to other asylums,.....	121	112	233
Died,.....	89	50	139
Remaining, December 31, 1845,.....	163	74	237

Of the 258 discharged, it is stated that "twelve-nineteenths were absolutely, cured and six-nineteenths relatively cured and materially improved." That this method of reporting may be better understood, we add the remarks in regard to the discharges in 1842.

Of those discharged as *cured*, it is stated that thirty-seven were *perfectly* restored, and twenty-one *relatively* so. "That is, the prospect of complete restoration had disappeared, and some fixed idea, some mental weakness or eccentricity remained; but they were so far improved that the probability of their living out of the institution without danger to themselves or others, and, in most cases, their return to former spheres of labor might be expected." It should be stated that cases of delirium tremens have never been received at this Asylum.

I have rarely passed four hours more agreeably and usefully than those during which I accompanied Dr. Klotz upon his morning walk through the establishment. Every thing was in good order, bearing the unmistakeable evidences of industry, system, discipline, and an ever-watchful eye of supervision. The patients, if seated, rose as we entered their rooms. They were all well dressed. It is no trifling testimony in favor of the German



institutions that, hitherto, and this is the ninth which I have visited, I have not seen, according to my recollection, even one patient whose clothes were either ragged or patched.

#### ASYLUM AT COLDITZ.

The incurable insane of Saxony were kept in a department of the prison at Waldheim, until 1829, when they were removed to Colditz.

The buildings of this institution were originally a fortified palace, but subsequently occupied as a Workhouse until converted to their present purpose. They are on the banks of the river Mulda, and, as might be inferred from the object for which, and the time at which they were erected, are on an elevated site, irregular and not prepossessing in their external appearance: Dr. Hayner, the first Superintendent of the Asylum, performed the duties of his office with distinguished ability. Dr. Zeller, of the institution at Winnenden, speaks of his career as unsurpassable (*unuebertrefflich*.) After his death he was succeeded by Dr. Weiss, the present incumbent.

The Officers are as follows. Superintendent, with a salary of seven hundred thalers; Steward, eight hundred; Secundar-Physician, two hundred; Surgeon, one hundred and ninety-two; Chaplain, three hundred; Accountant, five hundred; Assistant-Accountant, three hundred thalers, all with the addition of lodgings and fuel. The Surgeon does not lodge in the house.

A large proportion of the patients have been brought, as incurables, from Sonnenstein; but some, whose cases presented no prospect of restoration, were admitted directly from their homes. In July, 1843, the number at the Asylum was four hundred and eleven. These were under the immediate care of four Supervisors and fifty

Attendants. Most of the patients lodge in dormitories, some of which contain from thirty to fifty beds. Attendants, also, sleep in each, as many as seven being in the largest. Some of the bedsteads are iron ; others, wood. Some of the patients have horse hair mattresses. Nearly all are clothed by the institution, but uniformity of dress is avoided. The epileptics have a distinct department, in the day-room of which a blackboard is used by the attendants to record the time of each paroxysm, or fit, and any peculiar symptoms or circumstances attending it. There is, also, in the same room, a straw sack, upon which, to prevent injury, the patient is placed during the paroxysm.

Perhaps the greatest deficiency in the establishment is that of sufficient facilities for bathing. In regular routine, each patient can be bathed only once in five weeks.—When isolation does not answer the purpose, restraint is effected by the jacket or the “tranquilizing chair.”

I have seen no account of the extent to which labor has been introduced ; but from the rank which the Asylum holds among the institutions for incurables, it may be inferred that this important branch, even of hygienic treatment, has not been disregarded.

#### ASYLUM AT LEIPSIC.

A large establishment at Leipsic is devoted to the custody, care or treatment of prisoners, paupers, orphans and the insane. Each of these classes has its special department, of which that for the insane can accommodate fifty patients. The place is celebrated less for its perfection, than as part of the sphere of action, during a long series of years, of the distinguished leader of the Psychical School, Dr. Heinroth. Professor Radius is the present incumbent.



## ASYLUM AT HUBERTUSBURG.

A department of the State Charitable Institutions at Hubertusburg is still occupied by incurable insane patients. Dr. Weigel is the House-Physician.

## PRIVATE ESTABLISHMENT, THONBERG.

The Thonberg Asylum, about one mile from Leipsic, belongs to Dr. E. W. Guentz. It is said to be pleasantly situated, and, judging from the accounts of it, I should suppose that it holds a high rank among the cotemporary private asylums. It has apartments for sixty patients, but, in 1844, the number present was but twenty-five. The doctor, with his family, resides in the house, and all the quiet patients take their meals at his table. The excited and violent have a separate department and dining hall.

The patients are encouraged to work, and they have access to a parlor and a pleasant garden. The latter is ornamented with two ponds, of which Dr. Guentz, in answer to a published assertion that he used them as a means of detecting a propensity to suicide, writes as follows :

“In the garden of the institution are two small ponds which serve for fishing, sliding, and watering the grounds. Both are made *ex professo*, hardly two feet deep, filled with water and graveled. These ponds have several times incidentally revealed to us the secret tendency to suicide of our patients. To their question whether the water is deep, we answer ‘yes,’ and warn them against walking on the shore. Now, if the patient spring from the arm of the attendant into the pond—a perfectly dangerless venture—we not only learn the disposition of his mind, but, in two cases, we have enjoyed the pleasure of knowing that the fruitless leap entirely cured the patient’s



weariness of life. Whether it was mortification—for it was a *delictum flagrans*—or the letting loose of a long secreted propensity, or the surprise-bath and the after-cure, or, finally, several combined causes which assisted in this result, who can decide? Enough. The reporter has not yet had cause to disturb the ponds.”

#### LINDENHOF.

Dr. Braunlich formerly had an excellent private establishment at Wackerbartsruhe. Two or three years ago he removed to another situation, near Dresden. I have seen no description of it, nor of that of Dr. Pienitz, at Pirna.

## 2. BAVARIA.

In the year 1822, the attention of the people and of the government of Bavaria was called to the necessities of the insane, and to the wretched condition of the public receptacles in which some of them were detained; but nothing was done for the relief of the former or the improvement of the latter. In 1835, another appeal was made to the legislative powers, but to this also there was no response. At length, in 1842,\* when institutions combining the advantages of modern experience were springing up in all directions around it, and the evil within its own borders had become too glaring and too generally recognized to be lightly disregarded, a proposition was made, and approved by the King, to erect three district curative insane hospitals, one at Indersdorf, one at Erlangen, and one at Wurtzburg, together with four district asylums for the incurable, at Irrsee, Regensburg, St.

\* One authority says in 1832.

George's, near Baireuth, or Bamberg, and at Frankenthal. After long delays, and suspensions of proceedings, the Hospital at Erlangen was finally completed in 1846.—This, so far as appears, is all that has been done in accordance with the approved proposition. The existing receptacles, hereafter mentioned, at Irrsee, Bamberg, Wurtzburg and Frankenthal, are as I suppose, old establishments. Year after year has passed away and effective action has not been taken. Meanwhile, the asylums generally remain *in statu quo erant*, serving, as Lord Brougham said to Arago, of an hereditary peerage, “as fixed points from which to measure the progress of the world.” The power which created Lola Montes a Countess, and bestowed upon her the extensive estates of Landsfeldt, has no funds with which to elevate the wretched insane from the slough of misery in which they have waded to us, from the grey deserts of the olden time. Treasures untold can be lavished upon monuments of bronze and stone, or upon the marbles and frescoes of churches; the stream of gold may run, with an endless current, to inlay the floors and decorate the walls of royal palaces; museums of paintings and sculpture—pinakotheks and glyptotheks may be erected in a style of imperial magnificence; and all these make a delightfully attractive city for the traveller, provided he look carelessly on, and do not lift that sombre veil the shadow of which rests upon poor, degraded, despairing and alienated humanity.

#### INSTITUTION AT ERLANGEN.

The new district institution for curables and incurables, at Erlangen, was opened on the 1st of August, 1846. Dr. Solbrig is its superintendent, and Dr. F. W. Hagen, formerly of the asylum at Irrsee, assistant-physician.



Under the direction of the latter, forty-one patients were transported from a receptacle at Schwabach to Erlangen. On the 1st of June, 1847, the number of patients was 134; the whole number admitted, 196. Dr. Hagen has written some for the *Journal for Psychiatrie*, and has published a work on physiological psychology.\*

#### INSTITUTION AT BAIREUTH.

The substance of our information in regard to the institution at Baireuth, is embodied in the extract from the writings of Dr. Langermann† quoted in the introductory chapter.

#### ASYLUM AT IRRSEE.

This receptacle is for such insane persons as are dangerous to themselves or others, disturbers of their neighbors, the filthy, those affected with satyriasis or nymphomania, and religious, moral or political fanatics.

#### THE ASYLUMS OF BAMBERG, WURTZBURG, AND FRANKENTHAL.

I have met with no description of these receptacles. That of Frankenthal is, I believe, a section of the district almshouse.

#### ASYLUM AT GIESING.

At Giesing, two miles from the city walls of Munich, there is a small asylum for the Insane. It includes two buildings, neither of which was originally intended for the purpose, and both comparatively small. They are,

\* Psychologische Untersuchungen. Studien im Gebiet der physiologischen Psychology. Braunschweig, 1847.

† Dr. Langermann died in 1832. Damerow says, "The name of Langermann is inseparable from the history of the development of the institutions for the insane in Prussia and Germany. He is the personified idea,—the representative of the absolute separation of the institutions for incurables and curables."



however, sufficiently extensive for the present number of patients, there being but twenty-four men and sixteen women. The largest is old, irregular, and but two low stories in height. The rooms are upon both sides of very narrow corridors. Those for violent patients have double doors, the outer one close, thick and strong, the inner of wooden palissades. The former open into the corridor and, when closed, are fastened, each by a lock and two bolts, to "make assurance doubly sure." There are apertures, guarded by iron sashes, over all the doors. The windows open upon hinges, each in four sections. They are protected, externally, by iron sashes. In the rooms for the violent, they are small and near the ceiling. The bedsteads are wooden; those for the quiet are of the French model, but perfectly plain; those for the violent, low, plank bunks. Large stoves in the corridors are the only means by which the apartments are heated. One of the largest rooms answers the double purpose of dining-room and chapel. Religious services are held on Sundays and Wednesdays, by a clergyman who resides in Munich.

The implements of restraint are the jacket and the ——— I was about to write the "*tranquilizing chair*," but my pen stopped as if it trembled at the apparent sacrilege of language. Rocks and shoals to be shunned, as well as channels to pursue, are described for the benefit of navigators. Upon this principle, a few words in regard to the chair used in this asylum may be justifiable. Its general construction, like those already described, is of strong plank, put together in the simplest possible form. The sides project farther forwards than the body of the patient when he is seated; and from the height of the knees, downwards, they extend beyond the feet. The patient being seated, a door is closed in front

of the feet and legs, a lid closed over the whole extent of the thighs, and a board, fitted into grooves in the sides, is slipped down in front of the head and body. The occupant may well consider himself, in more than one signification of the phrase, "in a box." His head alone is visible to the by-stander. But to complete the sum of his felicity, two blocks of strong wood, perhaps eight inches in length by from one to two in thickness, project over his shoulders, and effectually render futile any attempts to rise. They are connected with a mechanical arrangement at the back of the chair, so that, by turning a screw, they can be adapted to persons of different statures.

It will be perceived that this article of furniture is a near relative of the Tyrolese chair mentioned in the introductory chapter. It is, at least, its *cousin-German*. Though belonging to the same family, class, order and genus, it is not of the same species, and hence, also, it was esteemed worthy of description. There are but few things which cannot be devoted to some useful purpose. This chair even might be made, to some extent, a "tranquilizer," in the legitimate signification of the word, to the patients. Ashes are excellent nutriment for growing vegetables; and a plenty of vegetables, qualified by a due proportion of meat, are, as a general rule, the most potent agents hitherto discovered for the promotion of tranquillity in an asylum for the insane.

I do not wish to treat this subject lightly. If any of the words here written would appear as evidence to the contrary, they are but as the small bubbles—the evanescent foam upon the rippling surface of the deep, deep sea. Let it be passed to the credit of the Germans that they call this chair, of whatever specific construction, and wherever used, by its appropriate name, the *zwang-stuhl*,



the forcing or coercion chair. They have not attempted to gloss over its hideous deformities, or conceal its manifold horrors, by a most ingeniously sophistical use of the beautiful epithet "tranquilizing." "Tranquilizing" indeed! there are tales of wretchedness, of suffering, of torture connected with that same "tranquilizing-chair," which, if they could be accurately written, would obviate the necessity for further proofs that "truth is strange—stranger than fiction." Tranquilizing? Why use the term specifically for this chair? There are many implements to which it is equally applicable. The sword, the gibbet, the guillotine, the sack which sinks with its living occupant beneath the blue waters of the Bosphorus—are *they* not "tranquilizing?" Marino Faliero and Antonio Lopez were "tranquilized;" so were Anna Boleyn and Lady Jane Grey, Cranmer, Latimer, Ridley, and John Rogers. I have seen the insane of the Timarhanè at Constantinople, in chains, and I have seen patients in various countries, confined in the "tranquilizing-chair," and I write with all the earnestness of sincere conviction when I here assert that, so far as the restraint, or the means of effecting that restraint is concerned, the condition of the Turks was the most comfortable, or, rather, the least uncomfortable, the least fearful, the most desirable. It appears to me that no impartial observer, after fully investigating the subject, could possibly arrive at a different conclusion.\*

But, to return to Giesing, whence I have wandered widely, but not with premeditation. The smaller building of the asylum is devoted to the convalescent. It is an ordinary dwelling-house, in which they have very comfortable accommodations. A garden, several acres

\* The original model of the confining chair generally used in Germany, was carried from England, by Dr. Jacobi.



in extent, adjoins the buildings, and is cultivated, in part, by the patients. At the time of my visit, the men were mostly out of doors. Two of the patients, one of either sex, are blind, having lost their sight prior to the invasion of the mental disorder. The use of tobacco and snuff is permitted.

This asylum belongs to the city of Munich. It has no resident medical officer, the treatment of the patients being entrusted to a visiting physician. I did not see him, and therefore cannot speak of his system of medication. The asylum has a bath-room furnished with three metallic baths and a douche. The water of the latter may be made to fall fifteen feet. The patients are under the immediate care of four attendants.

### 3. WURTEMBERG.\*

#### WINNENTHAL.

The town of Winnenden is about fifteen miles from Stuttgard, the capital of the kingdom of Wurtemberg, and may be reached, from that place, by a *stellwagen*

\* According to a census made by Dr. Roesch, in 1846, there were, at that time, within the limits of the kingdom of Wurtemberg, about five hundred cretins. I have seen no statement of the number of other idiots. In 1835, the institution for this unfortunate class of the population of the kingdom, was established at Wildebred. It was founded by private subscriptions, but was subsequently assisted by the royal government. It was under the direction of an ecclesiastic named Haldenwhang. In 1847, it had twenty-four pupils, some of whom, it is said, were "cured." In May of the year last-mentioned, this institution was merged into that of Mariaberg, then just opened.

The school of Mariaberg is in the buildings of a suppressed monastery, situated in a salubrious region, two thousand two hundred feet above the level of the sea. It has accommodations for one hundred and fifty pupils. One year after it was opened, that is, in 1848, the number was forty-two, of whom twenty-five were boys and seventeen girls. Dr. Muller is at the head of another similar, though much smaller establishment, which has been founded at Kieoh, in the district of Vachsingen. In 1848 it had twelve pupils, two of whom are supported by the king. Mr. Hellerisch, a pupil of Dr. Gugenbuhl, at his celebrated establishment upon the Abendberg, in Switzerland, and subsequently a teacher at the institution of Mariaberg, has opened a private school near Stuttgard. Soon after it was commenced he had nine pupils. It will thus be perceived that the noble example set by Gugenbuhl, by Saegert of Berlin, and by Seguin and Voisin of Paris, has been so far followed, in Wurtemberg, as to give promise of extensive and beneficial results in the future.

which runs regularly between the two. It is a pretty compact settlement, and in its immediate outskirts stands the Winnenthal Royal Hospital for the Insane. It was intended for curables alone, but many are admitted in whose cases the prospect of restoration are very slight. The superintendent, (now Dr. Zeller,) is appointed by the king. The assistant-physician, and the steward, who acts as surgeon, receive their places from the same authority, but are nominated by the superintendent. An annual appropriation of eight thousand five hundred florins towards defraying the expenses of the establishment, is received from the royal treasury. The poor are maintained by the communes whence they are brought. A commissioner of the government sometimes inspects the hospital, but no such visit has occurred during the last five years. I remarked to Dr. Zeller that great confidence must be placed in him, if he was permitted to pursue his course independently, and without examination, for so long a period.

“What need is there of inspection?” said he; “every thing that occurs here is known in Stuttgart.”

“And perhaps much which does *not* occur,” I suggested.

“A great deal,” he rejoined; and I consequently arrived at the very sage conclusion that human nature, in Wurtemberg, bears a striking resemblance to itself in some other countries.

The building at Winnenthal was originally a monastery. After the expulsion of the monks it was converted into a royal palace, and finally given up for its present purpose. Its site is low, a circumstance to be the more regretted, as there are many others, much more beautiful, on the neighboring hills. It is three stories in height, and forms three sides of a rectangle, of which the longest,



the front, is about three hundred feet, and the others—the receding wings—apparently of half that length. In some parts, the rooms are upon both sides of the corridor, in others, upon but one. The floors in some of the corridors are stone. Stoves, some earthen, others iron, are used for heating. The windows are guarded externally, some by a coarse reticulum of wire, others by iron bars. The sashes of each are in four divisions, and open upon hinges. Doors and windows, and, in some of the wards, apertures over the doors, are the channels of ventilation. The bedsteads are generally similar to the French pattern, but quite plain in construction. In the apartments of some of the “boarders,” however, they are more ornamental, and are accompanied by sofas, wardrobes and other convenient furniture.

In the department for the violent the rooms are each twenty-two feet long, eleven feet wide, and twelve feet high. In the ceiling, there is a pretty large aperture opening directly into the attic, and serving the double purpose of ventilation and secret observation of the patient. The windows are high and protected by a wire reticulum. The walls are wainscoted. The floors are wood, saturated with a decoction of nutshells and varnished. They descend towards the corridor. The bedstead, a low, plank bunk, is in the middle of the room, with a strong table and seat between it and the door. They are fastened to the floor. In the receding wings, the dormitories are upon the west side and the day-rooms on the east. This arrangement not only affords the best economy of sunlight, but prevents the patients from communicating with each other, by voice or sign, across the intervening court. The general disposition of the patients is as follows:—Those of the first class are in the third story, those of the second in the second story,



and those of the third, upon the ground floor. Each patient in the first class has a sitting-room and an adjoining dormitory. In the second and third classes, they are associated, during the day, in groups of from two to eight, and, at night, of from two to five, in some instances accompanied by an attendant. The present number of patients is one hundred and ten. Nearly two-thirds of the admissions are of men. The proportion of attendants to patients is about as one to six. They are furnished with two small books\* of rules, one relating to the general house-regulations, the other specifically to their own duties. These were published in 1834, the year in which the institution was opened.

Dr. Zeller has already been mentioned as the leader of the Psycho-Somatic School. Whatever be the opinions of others who are attached to this section, or in what manner soever his general doctrine may be modified in its details, it is evident that he believes the origin of insanity to be physiological rather than psychological, since, in his writings, he frequently uses the expression, "The bodily lesion which lies at the ground of the mental disorder." But, to whatsoever school he may belong, theoretically, his practical career has been distinguished for ability and success. Some writer, Morel, I believe, asserts that, under his direction, Winnenthal soon acquired such celebrity that patients among the wealthier classes of society, in all the German States, were brought to it for treatment; and, in his report published at the close of 1846, Dr. Zeller remarks that, during the past year, he had been obliged to reject nearly a hundred applications for admission from foreigners. At the time of my arrival at Winnenthal I knew nothing of him but his name, and

\* Haus-Ordnung für die königliche Heil-Anstalt, Winnenthal, 1834. Dienst-anweisung für die Wärter und Wärterinnen der Königlichen Heil-Anstalt Winnenthal, 1834.

the mere fact that he was the Superintendent of that Institution. I was but a few hours in his company; yet this was sufficient to awaken for him the sentiment of profound and abiding respect, a high and enduring admiration of his mental and moral characteristics. His rather light frame, nervous bilious in constitution, appears, to an extent which I have rarely observed, the mere receptacle or nucleus of the all-pervading and predominating spirit; the transparent medium, which, like the shade of glass around a solar lamp, partially tempers and subdues the effulgence of the luminary within, and thus renders it the more useful. I apprehend that he bears within him the permanent and ever-salient conviction of the importance, the dignity, the seriousness, the solemnity even of his calling, as dealing with beings "but little lower than the angels." With this conviction, and in the calmness and serenity of a pure religious faith, not with bigotry, cant, or the ostentation of a questionable piety, he goes steadily and unswervingly onward in the accomplishment of his mission.

In acute mania, accompanied by high excitement, the patient at Winnenthal is generally subjected to the prolonged bath, warm, or tepid, with cold affusions, by means of a moveable shower, upon the head, at short intervals. General bleeding, in these cases, is now never practised. The following allusions to this subject are found in the Reports by the Superintendent.

"As, in decidedly the greater part of cases, the hyperemia of the brain is of a passive nature, arising from debility of the cerebral energy, it is clear that monstrous mistakes are made by treating the insane by venesection. We have recently had evidence of this, in several cases, in which general blood-letting quickly converted melancholia into violent mania or imbecility.



“In later days, the idea of irritation has taken place of that of inflammation, because the delusion of seeking the cause of all mental disorders in the blood and bloodvessels has been perceived. This has at least, and for the first time, effected thus much; it has checked the insane *bloodshedding* of earlier times.”

The plunge-baths and the douche are used only in cases of torpor of the brain. Opium is never given in mania. It has been found useful in some cases of melancholia, in quantities of from one to three grains daily, in divided doses. Antimony is more frequently employed, generally as a nauseant for highly excited patients. It is not used externally. Arnica is sometimes used as an excitant, and the extractum gratiolæ in cases of obstinate constipation. Digitalis is frequently given in the following combination.

“R. — Herb : Digital., grs. xx.

Fol : Sennæ, grs. lxxx.

Sem : Fœnic., grs. xxx.

“Infunde aqua fervida : adde,—

Magnes : Sulph., grs. lx.

Ant : et Potass : Tart. grs ii..

The formula is highly recommended in the “*Annales Psychologiques*,” but we are not informed of the nature of the cases in which it is useful. From its composition, it is evidently intended to be used in mania. In amenorrhœa, Dr. Zeller employs an infusion of from one to two drachms each, of senna-leaves and balm, in six ounces of water, to which is added from two to four drachms of borax. This medicine is called the *mistura Zelleri*. It is apparent that, as a general rule, the medical treatment is considered, at this institution, as of secondary importance. In the Report of 1837, it is stated that the medicines employed are few and simple, and that much success has followed the use of mineral waters and herb in-



fusions. Again, in the Report of 1840, we find the following remarks.

“During the past year not a few of the patients have recovered without any medical treatment, but merely entering within the judicious, (*vernunftig*) earnest and affectionate circle of the house.”

Dr. Zeller's remarks, in 1838, upon the use of restraining apparatus, have already been quoted. Restraining chairs, are sometimes, though rarely, used. It may be remarked, without infringement of the spirit of the rule which I have adopted in regard to the subject, that, in no other German Asylum through which I have passed, were the patients, at the time of my visit, more exempt from restraining appliances than at Winenthal.

An idea of the importance given to employment, as an element of the moral treatment, may be derived from the subjoined extract taken from the “House-regulations” already mentioned.

“Some regular occupation is an indispensable law of the house, for every one of its occupants. This will be designated, by the Superintendent, according to the circumstances and necessities of the patient. It forms a material part of the curative method, from the observance and fulfillment of which no patient can excuse himself.”

The report of 1837 says, “A rational activity is the most general and most potent means in the management of our patients, as it has been proved to be, a thousand times, by experience in other places. Only a small portion of our patients are unemployed, and repeated attempts to induce these to work are made whenever a favorable moment occurs.”

In the *employment* referred to in these extracts, intellectual as well as manual occupation is included.

The gardens and fields belonging to the institution comprise an extent of land equal to perhaps twelve or fifteen acres. They are highly cultivated and planted with trees, many of which are now heavily laden with apples, pears and plums. The plum which, when dried, is known to us by the term "prune," grows here in great perfection.—Bowers and summer-houses have been constructed in various places upon the grounds, affording, in suitable weather, agreeable retreats.

The Report of 1837 contains a detailed exposition of the moral treatment, from which the following extracts, in some instances abbreviated, are made.

"The women make charpie, pick silk, wind yarn, sew, spin, carry wood and water, prepare vegetables, wash dishes and clothes, and keep the apartments in order.—As far as possible, that which they have soiled or injured is given them to cleanse or repair. They do light work in the garden, clean the paths, pick fruit, and water plants. By degrees, they are brought to work at household duties which require more attention, particularly that of the laundry. But few can be permitted to wash—as it is an unhealthy and corrupting occupation—but a greater number can iron, mangle, and mend the clothes. Keeping the linen and bed furniture of the institution, as well as the clothes of the patients, in order, is one of the principal occupations. Some women who desire it are permitted to have small garden-beds, and although the laying-out and planting of them often exhibits a burlesque composition, still, the patients work is not interfered with, unless the beginning is entirely absurd.

"In the better seasons, the women, with their work, are in the garden nearly all the day, unless they take a walk in the neighborhood, or,—what employs many



agreeably—are commissioned to collect medicinal herbs. Delicate work, such as embroidering, flower-making, and painting, is not wanting. It is diversified as much as it can be and keep usefulness in view. A merely frivolous, trifling occupation is never permitted. With the object of awakening or fostering the sentiment of benevolence, it is understood that these articles of taste made by the patients shall be given to their relatives and friends, or to each other. So far as is compatible with the service of the house, they are allowed considerable freedom in the choice of work, and it is attempted to keep them employed from choice, since coercion, in every thing, is to be avoided. Patients of all classes work, as it is desirable to awaken in them a domestic and frugal disposition; but attention is paid to their station in society, and it is endeavored to restore them to that sphere for which they were by nature designed, but to which education, destiny, inclination or disinclination may have made them strangers. Secular and spiritual songs are sung by them while at work, or in their intervals of leisure.

“Few women take pleasure in games, but they find much enjoyment in hearing agreeable, instructive and consoling recitations, and in committing to memory good poetry; while oral intercourse ever remains to them a primary object. A few read French books, and exercise themselves in speaking that language. With us, the primary object, in regard to all, is to give a proper direction to the mind; to obtain and preserve its calmness and equanimity.

“For the men, the various employments of the household and agricultural economy—in good weather, that of the garden, and in bad, sawing and cutting wood, present desirable opportunities for labor, which most of them willingly seize, not only for example’s sake, but for the agree-



able sensation of physical comfort which such labor produces. Some work in the shop of the gate-keeper, who is a cabinet-maker, and others at the lathe. We have no shops for tailors and shoemakers, as these and similar handicrafts are peculiarly liable to cause insanity; and the garden, with the tilling of the soil, the gathering of hay, collecting and pressing fruit, cleaning the numerous walks, laying out new parterres, and nursing the flowers, and supplying the house with wood, furnish healthy employment throughout the year. Even here, the leading principle is, that the organ of the mind must be brought into a vigorous condition before it can re-assume its former more difficult labor.

“More manual labor is given to such as are accustomed to it than to those who have been educated to intellectual occupations; yet to the former, reading, writing, arithmetic and singing are appropriate. With the educated, much time is devoted to the study and the practical use of the ancient and modern languages, to history, natural history, geography, the writing of essays, and epistolary correspondence with their friends. When it can be done, one patient is used for the encouragement and advancement of the others. If the necessary mental strength be regained, professional studies are resumed. To clergymen, theological, to jurists, legal, to physicians, medical, and to merchants, mercantile works are given; so that, if possible, they may leave the institution not only with their former knowledge, but with even more extensive acquirements. It is true that, with many, we must be satisfied if they be brought to understand and to read the easiest works. In many, no mental vitality has ever sprung up. Their bowels have been their only god,—a single leaf of the tree of life, their world. Yet the great majority show that, beneath their burden of disease, they

have a heart replete with moral qualities ; and that, in many instances, they have sacrificed themselves in their devotion to the welfare of their fellow men.

“ The skill and knowledge of individuals is turned, as much as possible, to the advantage of the whole. For example, we have frequently had an exhibition of fireworks, and once, a balloon, manufactured by the patients. Ninepins, billiards, cards, chess, draughts and dominoes afford much entertainment to the men. Many of those who are educated attend, with great enjoyment, the geographical lectures given by the chaplain. The *Suabian Mercury* and the *National Messenger* are read by a majority with much satisfaction, and are useful in keeping their ideas in constant remembrance of the outer and rational world. Exercises in singing, for a small portion of the men, take place twice in the week ; and on Saturday, the general practice of the songs for the ensuing Sabbath. Every four or five weeks we have a musical party, at which the instruments are accompanied by voices, in quartette. Not only patients, but some of the employés, and friends and acquaintances from the neighborhood are invited to them.

“ The social intercourse of the patients, among themselves, has great influence in effecting a cure. In the parties among the females, which are given more particularly in winter, hours will frequently pass without the exhibition of an irrational action, or the utterance of an irrational word. Hence, how entirely groundless is the fear which, unfortunately, is still often expressed, even by the most judicious, that the thought of knowing himself to be associated with the insane must destroy the last traces of reason which remained while the patient continued with his family. As a general rule, the person entering the hospital comes among persons much more



healthy and rational than himself; and it is they, rather than he, who have grounds for complaint in this respect.

“Long excursions, on foot or in carriage, are made, sometimes extending even to the Alps; and the groups of pleasant hills and mountains which, in diversified forms, border this beautiful valley, invite to useful exercise by ascending to their summits.”

Soon after the publication of the report from which the foregoing extracts are taken, a gymnasium was constructed, in which the variety of implements is greater than I have heretofore seen at any institution for the insane.— One of them, since I know not its name and have never seen it in America, may be described. A log, perhaps thirty feet long and one foot in average diameter, is fixed to the ground at one extremity. At a few feet from this point, a block is placed beneath it, so that the opposite extremity is elevated two or three feet, and without further support. Its elasticity, from its great length, gives it considerable motion under a heavy weight. A person may attempt to walk its length, turn around, gesticulate or dance upon it; or two may stand upon it, each endeavoring to maintain his position while using his best endeavors to oust his companion.

Maps and pictures ornament many of the apartments and corridors. In our walk through the department for females, we entered a large room in which twelve or fifteen patients were sewing. A piano constituted part of the furniture. We seated ourselves and Dr. Zeller joined them in singing a variety of songs, accompanied by the piano, from the selection compiled at Siegburg. “The last rose of Summer,” translated into German and adapted to its native, English air, was the most familiar, if not the most pleasing.



Among the musical instruments with which the institution is furnished, is the zithern, or Tyrolese guitar.

As at many other German Asylums, so at Winnenthal an annual festival is given to the patients. All whose condition renders it justifiable, assemble upon some suitable and pleasant portion of the grounds, and, with music, dancing, refreshments and social intercourse, pass an afternoon of general enjoyment. In one of his later reports, Dr. Zeller informs us that a course of chemical lectures had been given by one of the patients, and that they were attended by some of the residents of Winnenden.

I must again recur to the Report of 1837, for the exposition of another branch of the moral treatment, that of religious worship.

“Through the instrumentality of the two Chaplains, the Superintendent finds his restorative efforts greatly assisted. The religious sentiment, in the mass of the population of Würtemberg, is so profound, and it is so much fostered by all our educational institutions that, if its necessities were not satisfied here, all faith and confidence in the Hospital would be lost. Even with those in whom the deeper consciousness appears to be entirely extinguished, a failure of the religious observance of the Sabbath, and of the fast and feast-days, would cause a painful void, not to be filled by any other means. The satisfaction of this necessity is the basis of the judicious, systematic order which is the life of the institution.—Wherein could the disordered, wandering reason of man see its way more clearly, than in the unerring path of godliness in which, alone, the talents of the healthy can be educated in a truly rational manner? \*\*\*\*\* As, often, with the insane, when all attention to what is passing around them appears to be destroyed, it is afterwards

proved that nothing, however insignificant, escaped their notice, so, the religious power of the soul not unfrequently continues to work in secret, finds its nourishment in the correspondent emotions of others, and prepares for its earlier or later re-awakening.

“In many instances insanity arises from the loss of some real or imaginary good, as property, honor, love, friendship, innocence, a quiet conscience; or from the fear of losing it; or perhaps from the despair of its acquisition; or from the doubt of assistance in the event of misfortune. This ground-tone of most mental maladies, this anxious condition of the mind, with the uncomfortable, painful bodily susceptibility, leads to a general moral depression and a clouding of the spiritual clearness, and is then re-echoed in all the blissful intoxication of insanity. The soul, in its innate tendency to be happy, oversprings its true, eternal felicity into the *delusion* of unending happiness. If, then, we would effect a radical cure, not only, as a general rule, must all the bodily disease which accompanies or is a condition of the mental disturbance, be removed, but this painful internal discordance must be destroyed. Some inalienable good must be substituted for that which has been lost. Assistance must be rendered to these unfortunate beings, and nothing can render more than religion.

“Even the outward circumstances, the act of assembling, the quietude, the order and especially the singing must have a favorable effect upon many patients. Hitherto, not one of our religious gatherings has been disturbed; nay, the quiet and composure of most of the patients exceeds that of the many religious assemblies of the sane. No patient is any way compelled to attend the services, and yet more than two-thirds of them are generally present.”



## STATISTICS,

From 1834 to 1846, both inclusive.

	Men.	Women.	Total.
Admitted,.....	541	333	874
Discharged, cured.....	158	118	276
Improved,.....	137	176	213
Unimproved,.....	111	62	173
Unsuitable,.....	2	3	5
Died,.....	70	34	104
Remaining in the Hospital,.....	63	40	103
Total,.....	541	333	874

In the subjoined table, the patients admitted in the three years ending in 1843, are not included.

	Men.	Women.	Total.
Single,.....	229	119	348
Married,.....	133	84	217
Widowed,.....	10	27	37
Divorced,.....	7	7	14
Total,.....	379	237	616

One man was blind before the origin of his mental disorder. Three of the patients were deaf and dumb, and one of them recovered from the insanity. There are, at nearly all times, some cases of paralysie générale in the hospital. No one has ever recovered.

(To be continued.)

## ARTICLE II.

ON MEDICO-LEGAL EVIDENCE IN CASES OF  
INSANITY. “ *The occasions upon which Medical Evidence is required.*”—By FORBES WINSLOW, M. D.\*

\* \* \* \* \* The subject of my lecture is susceptible of being divided into five parts. The occasions upon which medical evidence is required in courts of law in reference to questions of insanity, and competency to manage the person and property, are as follows :—

## 1.

*Cases in which the plea of insanity is urged in extenuation of crime.*

## 2.

*Cases where attempts are made to invalidate the legal operation of testamentary dispositions of property, on the ground of mental incompetency.*

## 3.

*When legal proceedings are instituted to invalidate a marriage contract on the plea of insanity and imbecility.*

## 4.

*In commissions “de lunatico inquirendo,” issued by the Lord Chancellor with the view of ascertaining the existence of unsoundness of mind, and competency of the party (the subject of investigation) to manage his person and property.*

\* Extract from the Third Lettsomian Lecture, delivered at the Medical Society, London, Dec. 8, 1852.



## 5.

*Cases in which medical men are called upon to certify to the existence of insanity, justifying an interference with the person of the lunatic, and depriving him of his free agency, either for the purpose of placing him under treatment, or protecting him from the commission of acts of violence to himself or others.*

*No settled principles of Law in regard to cases of Insanity.* If we refer to the acknowledged legal text-books upon the "*Law of Lunacy*;" if we examine the recorded opinions of all the distinguished jurists who have adorned the bench; if we wade through the published decisions of eminent criminal and ecclesiastical judges; if we (as a last resource) appeal to the combined wisdom and elaborate judgment of the learned conclave delegated by the British Parliament in 1843, to give an exposition of the law of lunacy, before the highest court of judicature in the country, we are obliged to confess, that there exist no settled, no uniform, no fixed, no unerring principles of jurisprudence, or legal tests, in regard to questions of criminal or civil insanity.

*Legal Criteria of Insanity.*—Analyzing with great care the *dicta* of the judges, it would appear that the courts of law have, upon different occasions, admitted the following conditions of mind as evidence of insane and legal irresponsibility :—

## 1.

*An absolute dispossession, by disease, of the free and natural agency of the mind; partial insanity being no excuse for crime.*

## 2.

*The existence of a delusion, the criminal act being the immediate and direct result of the morbid idea; the proof of the presence of a delusion having no positive and clear connexion*

*with the alleged crime, not being legal insanity, and no evidence of the existence of irresponsibility.*

## 3.

*A consciousness of offending against the laws of God and man—in other words, a knowledge of good and evil.*

## 4.

*A knowledge of right and wrong—lawful or unlawful—the presence or absence of motive.*

I cite these *four* points as fairly embodying, and truthfully representing, the leading and fundamental principles of our criminal jurisprudence. It is unnecessary for me to remind you that occasions have occurred in which the courts have departed—plainly, palpably, and indisputably deviated—from these *dicta*, some of the judges having had the moral courage to think for themselves, and direct the acquittal of persons arraigned for the commission of capital crimes, in the face of the tests laid down, in the House of Lords, for their guidance.—Cases are upon record in which parties have been absolved from legal responsibility who have had no *appreciable* delusion, much less one directly associated with, and leading to, the commission of the criminal act. Again, “*partial insanity*” has been held as a valid plea. Instances of what are termed “moral” and “impulsive insanity,” “transient” and “homicidal monomania,” have escaped the web of the law, and have eluded the judicial test. Nevertheless, I have placed before you the recognised and admitted legal criteria of insanity in cases of crime, and it therefore is imperative upon us, from our position, our knowledge, and experience, to carefully ascertain whether they are *safe principles* upon which to act in the present advanced state of our knowledge of



morbid mental phenomena, and in accordance with the enlightened state of the sciences of psychology and jurisprudence of the present epoch.

*An Examination of the Legal Tests—Partial Insanity.*—In considering the first legal test proposed—viz. “*an absolute dispossession, by disease, of the free and natural agency of the mind*”—very little need be said. This condition of mental prostration—of intellectual obscurity—obviously can give rise to no doubt, legal difficulty, or disputation. All must acknowledge the wisdom of exempting this class from responsibility and punishment. In regard to the second point—that of “partial insanity”—the law is thus expounded by the judges. In answer to the question, “If a person under an insane delusion as to existing facts commits an offence in consequence thereof, is he hereby excused?” the reply to the interrogatory was as follows: “If the delusion were only *partial*, the party accused was *equally liable* with a person of sane mind. If the accused killed another in self-defence, he would be entitled to an acquittal; but if the crime was committed for any supposed injury, he would then be liable to the punishment awarded by the law to his crime.” It will thus be perceived, that the law repudiates “partial insanity” as a plea in extenuation of crime, or as an exemption from punishment. In the strictly legal signification, what is partial insanity? Lord Lyndhurst clearly defines the condition to be, “a mind in an unsound state—not unsound upon one point only, and sound in all other respects, but that this unsoundness manifests itself principally with reference to some particular object or person.” According to this definition, it is evident that “partial insanity” and “monomania” are not, as some have supposed, exactly equivalent terms: they have, however, been so considered by many medical and legal authorities. According

to the 64th article of the French penal code, no person, whilst insane, is considered responsible for a criminal act, "Il n'y a ni crime ni délit lorsque le prévenu était en état de démence au temps de l'action." In opposition, however, to this article, M. de Peyronnet, the Advocate-General of France, in the cases of Leger, Feldtmann, and other insane homicides, adopted the view of Lord Hale on this subject, as to the existence of a partial and a total insanity, laying down the principle, that the latter "can alone extricate the criminal from the penalties of the laws." "The distinction between partial and total insanity," he observes, "throws great light on the questions of insanity." In confirmation of this view of the case, he referred at some length to the opinions of Lord Hale, and quoted a passage from his celebrated "Pleas of the Crown." The line of argument, however, adopted by the Advocate-General on these occasions displeased highly the medical jurists of France. M. Georget, who has expressed his astonishment at the *dicta* of Lord Hale, says, "This writer (Lord Hale) appears professedly to consider property of higher value than human life! There is, then, no excuse for the unfortunate lunatic, who, in a paroxysm, commits a reprehensible action, even although it should appear to be the result of his particular illusion! and yet the civil acts of this same individual are to be annulled, although they have no relation to the insane impressions which might have influenced his conduct!—And even M. de Peyronnet cited such maxims as these with approbation—at least we do not find that he has objected to any of them; all monomaniacs, according to their statements, are liable to become criminals, in spite of the 64th article of our penal code, and may undergo the penalties recorded for atrocious offences."



I will not, in this stage of my inquiry, consider whether, metaphysically examined, the admission of a "partial" as well as a "general" insanity does not vitiate the psychological theory of the *individuality of the mind*, or the *unity of the consciousness*; but viewing the phrase to import an unsoundness of mind manifesting itself in the form of "monomania," or delusion upon *one prominent point*, the mind being *apparently sane and rational upon all others*, I would ask men of observation and experience, if, in such cases, (the most pure and uncomplicated instances that the mind can conceive,) the party so clearly and manifestly insane should be held responsible to the law for his conduct, and be treated as if he were of perfectly rational and sane understanding?

Partial insanity no valid excuse—no extenuation for crime! Partial insanity no plea—no justification in criminal cases! How monstrously unphilosophical, how wildly fallacious, how opposed to positive facts, how absurdly illogical, how grossly unjust, how repulsive, how abhorrent to every right-thinking, to every humane mind, and to every christian and philanthropic heart! Apply this judicial, this antiquated, this absurd dogma to the great mass of miserable and irresponsible lunatics at this moment legally in confinement, and two-thirds of these poor helpless creatures would be immediately made amenable to the law for their conduct! If partial insanity can be clearly established, who would be bold enough to declare or define the precise limits of the disease, or to sketch the boundary-line separating a responsible from an irresponsible state of mind? "Where is," we might exclaim, in the language of a distinguished modern historian, when discussing the legality of the resistance made to the tyranny of James II., "where is the frontier where virtue and vice fade into each other? Who has ever

been able to define the exact boundary between courage and rashness, between prudence and cowardice, between frugality and avarice, liberality and prodigality? A good action is not distinguished from a bad action by marks so plain as those which distinguish a hexagon from a square." Who can safely draw the line of demarcation between night and morning, between light and darkness? or say at what precise moment health fades into disease?—"Who can mark precisely the frontiers, the almost imperceptible limits, which separate insanity from sanity? Who can number the degrees by which reason declines and falls into annihilation? This would be to prescribe the limits to that which is illimitable, to give rules to folly, to be bewildered with order, to be lost with wisdom."

*The test of Delusion.*—The next judicial test and legal plea referred to is, that of the existence of a mental *delusion*. "The true criterion," (says Sir John Nicholl, in the case of *Dew v. Clarke*,) "the true test of insanity, I take to be absence or presence of what, used in a certain sense, is compressible in a single term—*viz.*, *delusion*.—*In the absence of any thing in the nature of delusion, the supposed lunatic is, in my judgment, not properly insane.*" In the case of *Regina v. Smith*, Lord Denman thus gives exposition to the law: "To say a man was irresponsible, *without positive proof of any act to show that he was laboring under some delusion, seemed to him to be a presumption of knowledge which none but the great Creator could himself possess!*" Such being the law, what, I ask, is the legal definition of this valuable, this fixed, and infallible test? Lord Brougham defines a delusion to be, "*a belief of things as realities which exist only in the imagination of the patient.*"—Sir John Nicholl says, "*A delusion is a belief of facts which no rational reason would have believed.*" When speaking of



the latter definition, Lord Brougham observes that it is liable to one exception—viz., that it gives a consequence for a definition. His lordship then refers to his own definition, which he declares not to be exposed to the same objection.

Belief depends upon testimony; and the degree of credence attached to such testimony must necessarily be materially influenced and regulated by the nature of the evidence adduced, as well as by the character of the party giving it, and the knowledge, intelligence, and *impressible* state of the mind of the recipient of it. May not a person believe in the existence of “something extravagant,” which exists “only in his imagination,” and yet be free from delusion, and of sound and rational mind? A distinguished philosophical writer says, “We obtain experience either by the evidence of our own senses, or by the testimony of others. The testimony of our senses, though generally considered as one of the highest degrees of evidence, is often fallacious and often deceptive.—Although the impression is properly made on organs that are in their sound state, yet the ideas conveyed thence to the mind may be so varied and modified by the imagination as entirely to mislead the judgment. Thus every part of natural history, and medicine above all others, is crowded with facts, *attested by eye-witnesses of supposed veracity, which facts, notwithstanding never had any existence but in their own imagination.*” A person of sound mind may, upon false evidence, believe in the wildest improbabilities, and firmly and strongly maintain their truth; nevertheless, we could not assert that he was under a delusion. Lord Brougham’s definition appears to involve exclusively the action of the *healthy* imagination. If I are bold enough to commit myself to a definition, I wd venture, with great submission to my legal friends,



to give the following: *A delusion is a belief in the existence of a something extravagant, which has, in reality, no existence except in the DISEASED imagination of the party, and the absurdity of which he cannot perceive, and out of which he cannot be reasoned.* In this definition I think a scientific distinction is drawn between the eccentric conceptions of a *healthy*, and the *morbid* creations of a *diseased* imagination and judgment; a principle which we should never, in our medico-legal inquiries, definitions, and evidence, lose sight of. By legal authorities, delusion and insanity appear to have been viewed as almost convertible terms. Considering, however, *delusion* to be the legal test of insanity, have the judges uniformly applied it to the elucidation of criminal cases? In the case of Overston, in which I was professionally engaged, Justice Maule altogether repudiated the test; and in the celebrated Bainbrigge case, Lord Campbell maintained, that “*mania may exist without delusion.*” Need I advance one argument in corroboration of Lord Campbell’s dictum, or in opposition to the dogmatic and bold assertion of Lord Denman?—We all admit—it is the result of the collective experience of all competent to give an opinion upon the matter, that positive, dangerous, and irresponsible insanity, may exist, and often does exist, without any *manifested* delusive impression, or *appreciable* hallucination.

*The Presence or absence of a Motive.*—The next legal test that presents itself for my consideration is, the presence or absence of a *motive* for the commission of the crime. Dr. Prichard observes, “The act of homicidal insanity is different in its nature and moral causes from that of murder. Men never commit crimes without some motive; the inducement which leads them to an atrocious act is of a kind which other men can appreciate and understand, though they do not sympathize with them.—

Jealousy, hatred, revenge, excite some; others are moved by the desire of plunder—of getting possession of money or property. The act of a madman is for the most part without motive.” I have thus stated Dr. Prichard’s view rather in detail, because I shall feel it my duty to express an opinion adverse to that which this physician entertained. As a test of criminality, I consider the one just propounded not only as unsafe, but as unphilosophical. On the trial of Francis for shooting the Queen, this plea was urged in favor of the prisoner; but what did the then Solicitor-General say respecting its inapplicability? “This doctrine about motive is of a most dangerous character, and must be very guardedly received. It is very difficult for you (the jury)—very difficult for any well-regulated mind not accustomed to contemplate the workings of iniquity—to discover the motives for crime.—What motive instigated the execrable assassin in Paris, who shot at his king, and deluged the streets with blood by means of his infernal machine? Did any one ever hear propounded, in a court of justice, a doctrine that would lead to so much dangerous consequences to society, as that you must ascertain the motive before you convict of the crime?” Is this a test, I ask, that can safely be relied upon in all cases of criminal insanity? Are not the insane often impelled to the commission of acts of violence and murder *by the same motives, feelings, and passions, that influence and regulate the conduct of sound, healthy, and rational minds*. There cannot be any difference of opinion upon this point among those practically acquainted with criminal lunatics, and with the characteristics of mental derangement. It would be monstrously cruel and unjust to apply such a test in criminal cases. Were such to be our standard of appeal, great crimes would escape unpunished, and persons indisputably insane and irre-



sponsible would often (to our great reproach) suffer the extreme penalty of the law !

A patient who was confined in the Manchester Lunatic Asylum had been subjected to very cruel treatment, and in consequence of it, he killed the person who had the care of him. He related, with great calmness and self-possession, the particulars of the transaction to the physician of the asylum. He said, "The man whom I stabbed richly deserved it. He behaved to me with great violence and cruelty; he degraded my nature as a human being; he tied me down, handcuffed me, and confined my hands much higher than my head with a leathern thong; he stretched me on the bed of torture; after some days he released me. I gave him warning, for I told his wife I would have justice of him. On her communicating this to him, he came to me in a furious passion, threw me down, dragged me through the court-yard, thumped me on the breast, and confined me in a dark and damp cell. Not liking this situation, I was induced to play the hypocrite. I pretended extreme sorrow for having threatened him, and by an affectation of repentance, prevailed on him to release me. For several days I paid him great attention, and lent him every assistance. He seemed much pleased with the flattery, and became very friendly in his behaviour towards me. Going one day into the kitchen, where his wife was busied, I saw a knife; this was too great a temptation to be resisted; I concealed it about my person, and carried it with me. For some time afterwards the same friendly intercourse was maintained between us; but as he was one day unlocking his garden-door, I seized the opportunity, and plunged the knife up to the hilt in his back." He always mentioned this circumstance with peculiar triumph, and his countenance, a

most cunning and malignant one, became highly animated at the conclusion of the story.

*The consciousness that the act was a criminal one, and one in opposition to the laws of God and man.*—It has been proposed, that the question of legal responsibility should be determined by the fact, whether the party, when he committed the offence, knew that he was acting in opposition to those generally-received and recognised moral obligations which are supposed to govern and influence sane, rational, and christian minds. The question put to the jury, to use the language of one of our most distinguished ex-chancellors, is, “Was the prisoner conscious that he was committing a crime against the laws of God and nature?”

In considering the value of this test, we are bound to remember that there is a class, happily for themselves and for society insignificant in point of number, who repudiate the idea of a divine law regulating their actions and as binding upon their conscience, and who deny the existence of a Supreme Being. I readily admit that in all important matters of legislation we are not justified in considering the anti-christian or heterodox opinions of small sections of society. All our legislative enactments are rightly based upon the assumption that the great mass of mankind worship a supreme being, and implicitly recognise the doctrine of a divine revelation; nevertheless, if we have a legal test or standard to which we can refer, it should be *catholic* in its character, and be susceptible of universal application. Imagine a person arraigned for the commission of a capital crime. The plea of insanity is urged in his defence. In expounding the law, the judge informs the jury, that the question of responsibility in connexion with insanity rests upon the fact whether the prisoner had at the time a consciousness of his having



deviated from the law of God. Was he sensible of this, or was he not? If so, he is to be considered amenable to justice, and must expiate his crime upon the gallows. I can conceive, that after such an exposition of the law, the prisoner making a declaration of his being by virtue of his atheistical principles *placed beyond the jurisdiction of such a test*, he could not morally, legally, or logically be considered to be conscious of violating what in reality he never believed to exist. I will admit that this may be considered to be an extreme hypothesis. I merely cite it with the view of establishing my position, that there is no legal test yet propounded applicable, or which could be indiscriminately applied, to all criminal cases of insanity.

*The test of Right and Wrong psychologically analyzed.*—Among the other judicial standards or criteria of insanity, is that recommended by the late Lord Chief Justice Tindall. I refer to the suggestion to apply the test of the knowledge of “right and wrong” to every case of crime alleged to be associated with and the result of insanity, and upon its existence or non existence to determine the presence of legal responsibility. Lord Chief Justice Mansfield says, in reference to this test, “The law is extremely clear. If a man was deprived of all power of reasoning, so as not to be able to distinguish whether it was right or wrong to commit the most wicked or the most innocent transaction, he could not certainly commit an act against the law. Such a man, so destitute of all power or judgment, could have no intention at all. In order to support this defence, however, it ought to be proved by the most distinct and unquestionable evidence that the criminal was incapable of judging between right or wrong. It must in fact be proved, beyond all doubt, that at the time he committed the atrocious act with

which he stood charged, he did not consider murder was a crime against the laws of God and nature. There was no other proof of insanity which could excuse murder or any other crime. There were various species of insanity. Some human creatures were void of all power of reasoning from their birth; such could not be guilty of any crime. There was another species of madness, in which persons were subject to temporary paroxysms, in which they were guilty of acts of extravagance; this was called lunacy. If these persons committed a crime when they were not affected with the malady, they were, to all intents and purposes, amenable to justice. So long as they could distinguish good from evil, so long would they be answerable for their conduct. There was a third species of insanity, in which the patient fancied the existence of injury, and sought an opportunity of gratifying revenge by some hostile act. If such a person was capable, in other respects, of distinguishing right from wrong, there was no excuse for any act of atrocity which he might commit under this description of derangement. The witnesses who had been called to support this extraordinary defence had given a very singular account, in order to show that at the time of the commission of the crime the prisoner was insane. What might have been the state of his mind some time ago, was perfectly immaterial. The single question was, whether at the time this act was committed, he possessed a sufficient degree of understanding to distinguish good from evil, right from wrong, and whether murder was a crime not only against the laws of God, but the law of his country."

It has been a question with metaphysicians, whether, *abstractedly* considered, there are conditions or states to which the terms "right" and "wrong" can, with strict philosophical precision, be applied. Are not these gene-



ral terms, it is urged, merely significant of the resemblance of various particular actions which agree in exciting in the mind certain feelings that are analogous? In different phraseology, are not the terms "right and wrong" general expressions indicative only of analogous relations, certain actions bear to relative emotions? Dr. Hutchinson (who has, perhaps, taken a more ultra view of this question than any other metaphysician) says, "There is (of course he speaks of them as abstractions) no right or wrong, virtue or vice; but there are agents whose actions can not be contemplated by us without an emotion of approbation or disapprobation; and all actions, that is to say, *agents* that agree in exciting moral feelings, which are thus analogous, we class together as virtuous or vicious from this circumstance of felt agreement alone. The similarity of the emotions which we feel in these particular cases, is thus all to which we owe the notions or ideas of right or wrong, virtue or vice." Brown, in commenting upon this passage, observes "that right and wrong signify nothing in themselves. They are words expressive only of relation, and relations are not existing parts of objects, or things to be added to objects, or taken from them. There is no right or wrong, merit or demerit, *existing independently of the agents who are virtuous or vicious.*"

I allude to these generally received metaphysical *dicta*, not because I would be guilty of so gross an absurdity as to deny the existence of such principles of action, but because I infer from the particular and special reference made to this legal test, that it is supposed these conditions are easily appreciable and almost tangible states, to which in complex and obscure cases the jurist and psychologist might at once appeal for an immediate and certain solution of their difficulty.

Before this test can be admitted as a safe standard in questions of moral and legal responsibility, it will be necessary for those who support it to establish for our guidance an infallible rule, by which we may be able to know what is right and what is wrong. Moral philosophers, men of science, theologians, political and social economists, philosophers, and statesmen, are unfortunately very much at variance upon many apparently self-evident, and first principles, relating to their respective departments of inquiry. Need I refer to the great discrepancy of opinion existing among different religious denominations, each sect maintaining its own *dicta* to be "right," and the views of other sections of the religious world to be "wrong." The Roman Catholics consider themselves to be right, and the Protestants to be wrong, and *vice versâ*. The quakers, objecting on principle to all war, on the ground of it not, in their estimation, being sanctioned by scripture, and from a conviction of its being wrong, resolutely refuse to pay a war-tax. We differ from the quaker, and entertain the opinion, that, under certain circumstances, war is right and justifiable. A large section of the religious community denounce infant baptism as "wrong;" a still more important body think it "right." There are many who repudiate the hierarchy and the priesthood, from a conviction of their anti-scriptural origin, character, and tendency. If we turn to the political and scientific world, we find large bodies of intelligent and thinking men holding opinions diametrically at variance with each other, and taking the most opposite and irreconcilable views of the same question, and contending most heroically for the truth of their own individual and sectional opinions, from a conviction—an unalterable conviction—of their being "right," and the views of their adversaries "wrong." The *right* of to-day,



in matters of theology, philosophy, and science, may be the *wrong* of *to-morrow*; and what is now "lawful" may, in the course of a short parliamentary session, be made illegal by the introduction of new statutes! Analyzing this much-eulogized legal test as metaphysicians, as medical philosophers, and as men of the world, are we not compelled to pronounce it to be worthless, and unsusceptible of any practical application? Our views of "good and evil," "right and wrong," "lawful und unlawful," must necessarily be dependent upon, and fluctuate in obedience to, temperament, caste, climate, progress of civilization, education, knowledge, early training, and example. If there be within us an innate principle termed "conscience," acting *independently of the judgment*—and existing as a separate agent or faculty of the mind, (which many metaphysicians and theologians deny,) unerringly suggestive to us of a knowledge of "right and wrong," is not this moral sense or instinct often destroyed by adventitious circumstances, its perceptions deadened, paralyzed, or perverted?

*The test of Right and Wrong pathologically considered.*—Considering this legal test of criminality apart altogether from the metaphysical objections to which it is amenable, I maintain, that it never can be safely depended upon, in all cases of insanity. It is a notorious fact—a matter of every-day occurrence, and in accordance with the experience of all men of observation, that the insane—the positively and undeniably insane—like many rational persons, often

"Know the right, and yet the wrong pursue."

They frequently act in direct opposition to their own clear and unmistakable convictions of what is "right and wrong," "good and evil," "lawful and unlawful." Many

a maniac has committed a crime of great atrocity, with a full, unfettered, and unclouded consciousness and knowledge of its unlawfulness, its sinfulness, its criminality, and of the legal penalties to which he is, by his actions, exposing himself. A lunatic has manifested an intense and morbid desire for death; not being suicidally disposed, he endeavors to effect his purpose by sacrificing the life of another: he designedly brings himself within the pale of the law, that he may compel others to do what he has not the power of accomplishing himself. How absurd, cruel, and unjust it would be to apply the test of a knowledge of what is lawful or unlawful to such a case? Instances like the one now suggested are of frequent occurrence.

An intriguing, unruly, vicious lunatic was detected with a piece of iron which he had contrived to shape like a dagger, with a handle fixed firmly to it. Upon being interfered with, he became excited, abusive, and violent. He was placed under restraint; after uttering most awful imprecations, he exclaimed to his attendant, "I'll murder you yet; *I am a madman, and they cannot hang me for it!*"

When Martin set York Minster on fire, a conversation took place among the inmates of a neighboring lunatic asylum, having reference to this general topic of remark and discussion. The question argued was whether Martin would suffer the extreme penalty of the law for his crime. Various were the opinions expressed. In the midst of the conversation, one patient, apparently as mad as the rest, exclaimed, "He (Martin) will not be hanged." "For what reason?" interrupted many voices. "They cannot hang him," replied the lunatic, "*he is one of ourselves.*" Of what value is this legal test if applied to such cases? Before this can be recognised as a safe



standard, it will be necessary for British jurists to lay down for their *own* guidance certain fixed and unalterable principles of jurisprudence. Is it not a notorious fact, that on apparently clear and well-recognised points, lawyers of eminence have arrived at the most opposite conclusions? One court reverses the judgment of an inferior tribunal, and one distinguished jurist overrules the decision of his predecessor. As long as able judges differ among themselves upon what may be termed *first principles of law*, it will be unreasonable to expect that we should prostrate ourselves before the legal test which I have been analyzing.

Dr. Mittermaier, a German jurist, maintains that two conditions are required to constitute that freedom of will which is essential to responsibility—viz., a knowledge of good and evil, and the facility of choosing between them. The knowledge of good and evil will require, first, that knowledge, of one's self by which we recognise our personal identity, and refer our acts to ourselves; secondly, acknowledgment of the act itself—i. e., of its nature and consequences; thirdly, a knowledge of the relations of the act both in regard to men and measures; fourthly, a knowledge that the act in question is prohibited either by the moral or the statute law. He rebukes the English jurists for their rigid adherence to the antiquated doctrine, that whoever can distinguish good from evil, enjoys freedom of will, and retains the faculty, if he chooses to use it, of framing his actions to the requirements of the law. The true principle, according to this authority, is to look at the personal character of the individual whose responsibility is in question; to his grade of mental powers; to the notions by which he is governed; to his views of things; and finally to the whole course of his life, and the nature of the act with which he is charged. A per-

son who commits a criminal act, being fully cognisant of the nature of the laws, and of the punishment to which he is exposing himself, may yet be of insane mind. The true test of irresponsibility should be, not whether the party accused was aware of the criminality of his actions, but whether he has lost all power of control over his actions.—From the *Lancet*.

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### ARTICLE III.

#### ASYLUM FOR THE INSANE OF THE ARMY AND NAVY AND THE DISTRICT OF COLUMBIA.

[In our last number we informed our readers of the favorable auspices under which the new Hospital for the Insane of the Army and Navy and of the District of Columbia, had been commenced near the city of Washington. We now publish an able report from the Secretary of the Interior, on the subject, in reply to a resolution of the Senate asking for information as to the progress made in the work, and which exhibits such a judicious mode of proceeding on the part of the general government, as cannot fail to exert a happy influence on the action which may be hereafter taken by state commissioners in making provision for the insane.

Fully convinced as we are that no one can be so competent to plan and arrange a hospital for the insane, or to superintend its erection, from the moment of putting the first spade in the ground,—or rather, from the very



selection of the site,—till the last touch is given to the building, as those who have a practical knowledge of the whole subject, it is a matter of no small gratification to find the government authorities at Washington, referring to the Association of Superintendents of Hospitals for the Insane as the highest authority on the subject, and willing to be guided by their views in the selection of their site, the general plan of their buildings, and the mode of proceeding with the work. The propositions relative to the construction of hospitals for the insane adopted by the Association, are published in full, in connection with the report, and are referred to as having influenced the Government in the course they very wisely adopted in reference to the national institution, which with liberality on the part of Congress, will, we trust, be worthy of the country, and a model for similar undertakings by the state governments.

We understand that a plan in the “linear form,” in harmony, in all respects, with the “26 propositions,” designed by Dr. Nichols, and drawn by T. U. Walter, Esq., architect of Public Buildings, has been approved by the President and the Secretary of the Interior, and that the work of building has already commenced.—EDITOR.]

DEPARTMENT OF THE INTERIOR,

*Washington, December 28, 1852.*

SIR: In obedience to the resolution of the Senate, adopted on the 20th instant, requesting the Secretary of the Interior “to inform the Senate whether any steps have been taken to establish a Lunatic Asylum in this District; and if so, what has been done; particularly whether a site for the asylum has been purchased; and if so, where the same is to be located; the quantity of land purchased, and the price of such land; and whether the purchase is

absolute or conditional; and what part of the price has been paid: also, how much of the appropriation of one hundred thousand dollars is expended, and for what purpose expended,"—I have the honor to report:

That shortly after the passage of the law authorizing the establishment of an asylum for the insane of the District of Columbia, and of the army and navy of the United States, my attention was directed towards the execution of the benevolent purposes of Congress. I was aware, not only from the general nature of the duty devolved on me, but from personal observation and experience, during an official connexion of fourteen years as a director of one of the largest and best conducted institutions of the kind in our country, of the importance of proceeding with great caution and circumspection in every measure relating to its organization.

My first step, after consultation with the President, was to seek the counsel of an able and experienced superintendent of an established asylum, in regard to the various elements which should enter into the calculation in selecting a suitable site. By him I was referred to the proceedings of "the Association of Medical Superintendents of American Institutions for the Insane," held at Philadelphia May 21, 1851, as containing twenty-six fundamental rules, expressive of the unanimous judgment of that enlightened body of men, on all the questions embraced by my inquiries.

Upon reference to these rules, (a copy of which accompanies this report,) I found that several important principles had been settled relative to the proper location of such institutions.

1st. That every hospital for the insane should be in the country, not within two miles of a large town, and accessible at all seasons.



2d. That no public institution should possess less than one hundred acres of land.

3d. That there should be an abundant supply of water convenient to the asylum.

4th. That a location should be selected which would admit of underground drainage, convenient pleasure-grounds, and an agreeable prospect.

Many important propositions were also announced by that association, in regard to the construction of such institutions—to one of which I deem it necessary at present more particularly to refer. I allude to the 4th rule, which is in the following words :

“No hospital for the insane should be built without the plan having been first submitted to some physician or physicians, who have had charge of a similar establishment, or are practically acquainted with all the details of their arrangements, and received his or their full approbation.”

Having carefully considered these resolutions, the President and myself devoted several days to the examination of a number of sites which had been brought to our notice in the neighborhood of the city. We personally visited and examined almost every tract of land north and east of the city, from the vicinity of Georgetown to the Potomac river, east of the navy yard. Finding ourselves somewhat embarrassed in making a selection, and foreseeing the necessity of employing a suitable superintendent to take charge of the establishment from its commencement, we concluded that it was the wisest course to avail ourselves of the assistance of an experienced medical superintendent in the choice of a site, as well as in the arrangement and construction of the building.

After consultation, therefore, with persons well informed on the subject, the President determined to ap-

point Doctor Charles H. Nichols, a gentleman who was recommended to him as possessing every qualification, mental, moral, and physical, for the able and faithful discharge of the duties. To high scientific attainments, Dr. Nichols united the advantages of a practical experience of years as one of the physicians of the New-York State Institution and Bloomingdale asylum.

Having succeeded in obtaining the services of Dr. Nichols, he was requested to examine all the sites which had been suggested, and to report their respective advantages and disadvantages. I also invited Miss D. L. Dix, a lady no less distinguished for high intellectual qualities than for her benevolence, and whose name is inseparably associated with this particular department of philanthropy, to give us the benefit of her advice and experience in the selection of the best location for the asylum. To this proposition she kindly acceded; and after a very minute examination, extending through a period of a fortnight, Dr. Nichols and herself concurred in recommending the farm of Mr. Thomas Blagden, situated about two and a half miles southeast of the Capitol, and about a mile east of the navy yard, as the most eligible site.

Neither the President nor myself had previously visited this farm; but at the suggestion of Dr. Nichols and Miss Dix, we examined it carefully, and came to the conclusion that it was incomparably the best location. The tract of land embraced about one hundred and eighty-five acres, nearly one-half of which is in a high state of cultivation, and the remainder in timber. The situation is beautiful, commanding a fine view of the city of Washington, of Georgetown, Alexandria, and the circumjacent country for many miles. The surface of the ground is well adapted for an extensive range of buildings, and the woodland furnishes every convenience for pleasure-



grounds. There are two copious and permanent springs on the tract, sufficiently near the proposed site for the buildings, and the facilities of access and for drainage are as good as could be desired. Believing that no place could be found embracing so many advantages, this tract of land has, with the sanction of the President, been bought for the sum of twenty-five thousand dollars, which has been paid in full, and a conveyance of the title has been executed and delivered.

Another tract of eight acres, adjacent to the Blagden farm, and which was almost indispensable for the purposes of the asylum has also been bought for the sum of two thousand dollars, which has likewise been paid, and the conveyance executed. This tract contains a comfortable frame house, and is otherwise well improved. The titles to both tracts have been carefully examined by the attorney for the District of Columbia and by the Attorney General of the United States, and approved by them.

The residue of the appropriation, viz., \$73,000, remains unexpended, though it is subject to a charge for the salary of the superintendent and other incidental expenses of a small amount.

I am satisfied, from my examination of the land, as well as from a comparison of its cost with the prices at which other lands were offered to the government, that the price paid is reasonable. The prices at which other tracts of greatly inferior quality and less eligibly situated, were offered, ranged from one hundred to five hundred dollars per acre.

As doubts were expressed by some persons as to the salubrity of the particular neighborhood of the selected site, great pains were taken to acquire full and correct information on that point; and from the testimony of several

physicians, and others having the best opportunities of forming a correct and disinterested judgment, I think there can be no doubt that the locality selected is, in a remarkable degree, exempt from diseases which ordinarily arise from malaria.

The report of Dr. Nichols, and the accompanying certificates of four physicians, who have practiced in the immediate vicinity, and in the families of persons resident on the farm, and of two gentlemen who have known it for thirty years, will, I doubt not, be regarded as conclusive on this branch of the subject.

The superintendent has already sketched the outline of the plan of the proposed edifices; but before adopting it finally, it has been deemed expedient to lay it before some of the most skilful and experienced superintendents of other asylums, for such improvements as they may be able to suggest. When the plans have thus been carefully revised and matured, they will be placed in the hands of Mr. Walter, the architect of the extension of the Capitol, in order that he may arrange them so as to blend architectural beauty with practical convenience and utility. It is hoped that, in the course of a few weeks, sufficient progress will have been made to justify the advertising for proposals for the execution of the work, to be commenced as early as the season will permit, so that the buildings may be ready for occupancy, if possible, by the first of January, 1854.

I have the honor to be, sir, very respectfully, your obedient servant,

ALEX. H. H. STUART,

*Secretary.*

Hon. DAVID R. ATCHISON,

*President pro tempore of the Senate.*



*Report in relation to the Insane Asylum, as requested by the Secretary's letter of the 23d December, with accompanying papers, marked A 1, A 2, A 3, A 4, B 1 and B 2.*

WASHINGTON, D. C.,

December 24th, 1852.

SIR: I have the honor to acknowledge the receipt of your note of the 23d instant, requesting me to furnish the information required by an enclosed copy of a resolution of the Senate of the United States, passed December 20, 1852, relating to the establishment of a hospital for the insane in this District, and have hastened respectfully to comply with your request.

A site for the hospital for the insane of the District of Columbia, and of the army and navy, comprising a farm of about one hundred and ninety acres of land, situated on the south-east side of the Eastern Branch of the Potomac, nearly due south from the Capitol, and about two miles from it in a direct line, has been selected and secured by absolute purchase and full payment, in the sum of twenty-seven thousand dollars, "under the direction of the President of the United States," according to the provisions of the appropriation approved August 31, 1852, authorizing the Secretary of the Interior to establish such an institution. Seventy-three thousand dollars, of the one hundred thousand appropriated, remain unexpended.

The above appears to be all the information actually demanded by the resolution to which it relates; but on the presumption that it will be satisfactory to the Senate to know the grounds on which it is believed that the site chosen is free from any serious objection, and presents an extraordinary combination of peculiar advantages for the seat of the important benevolent institution for which Congress has made provision, I venture to add a few details respecting it.

1. *Salubrity*.—The immediate site of the hospital edifice will be one hundred and forty-one rods from the river, and at an elevation above tide-water about as great as the balustrade about the roof of the Capitol. There are no marshes, sluggish streams, nor standing pools of water, either upon the place or in its near neighborhood; and probably no one, after an attentive examination of the locality, would suspect that malaria is to any material amount engendered upon it. By reference to the weather tables kept at the National Observatory, it appears that the prevailing wind in and about the city during the hot season is southerly. This is also the general impression among residents of the District. The hospital, then, will be situated to the windward of whatever sources of malaria there may be on the Anacostia, or Eastern Branch; and several hundred acres of woodland, about ninety of which are on the government premises, will be interposed between the elevated hospital site, and any sources of disease in other directions, which are certainly quite distant when considerable.

Theoretically, then, the locality is healthy. Do persons living upon it, or near it, enjoy general good health?

Five white families reside at distances from the proposed site of the institution, varying from fifty to one hundred rods, and I can not learn that more than one death has occurred within the territory they occupy for four years, and that was a child fourteen months old, that died last summer from cholera infantum. These people generally *look* healthy. The farmer now in charge of the place, with a wife and seven children, has resided upon it six years, and for the four last years about two-thirds of the way from the building spot to the river—a situation much lower, as well as nearer the water, than the building spot itself. He has had no death in his family



during his residence on this farm, and I learn, both from him and his physician, that the latter has visited his family but seven times for four years. For healthy *appearance*, this family may challenge any other in any place whatever.

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2. *Accessibility*.—By Pennsylvania avenue, east Eleventh street, navy yard bridge, and “Piscataway” road, the site is about two and one-half miles from the Capitol. These highways are in excellent order, and above half the distance are made and kept in repair by the government. Five thousand dollars appropriated by Congress at its late session are, it is understood, being spent in repairing the bridges crossing the Anacostia. The navy yard bridge has been in existence upwards of thirty years, while the population of the city has increased from 13,247 in 1820, to 40,100 in 1850, and the use and need of the bridge has, of course, increased in the same ratio; there would seem to be no room for reasonable doubt of the continued maintenance of that structure.

Building materials, and heavy supplies after the institution is in operation, such as coal, wood, flour, &c., can all be landed from boats upon its own grounds, only one hundred and forty-one rods from the point of use, with just the same facility that such articles can be delivered upon any wharf in the city. It will be perceived, then, that the location is highly accessible every way, and at the same time so situated that it is not likely to be encroached upon by the growth of the city, and so retired that patients will be very little exposed to its teeming population—conditions generally difficult to attain, and at the same time of the greatest importance.

3. *Water*.—There are on the place two springs of good water, reputed to be unfailing, whose locations are con-

venient to the proposed site for the hospital. Two small branches pass through the place to the river, and the river itself presents a dernier resort not likely to fail.

4. *Amount of Land.*—Every liberally and wisely conducted institution for the care and cure of the insane is exceedingly sensitive in regard to the near proximity of neighbors, especially in considerable numbers, and a majority at least of the old establishments have deeply lamented that more land, at a greater distance from town, was not secured at the outset; though nearly every one has a hundred acres attached to it, and several of them many more. Several of the old institutions are now making definite arrangements to quit their present situations altogether and go further into the country, where they can afford to enjoy more room; while others have bought lands in addition to the original purchases, at greatly advanced rates. In an economical point of view, all provisions consumed in the house and on the farm should be raised on the premises, except beef, flour, and butter, and groceries. This plan, with or without assistance from patients in the cultivation of the farm, enables them to have the best food at the least cost, as abundant experiment has shown. The farm purchased is under a high state of cultivation, with a large number of choice, well-set young fruit trees upon it, &c.

5. *Other points of peculiar adaptation.*—The proposed site of the hospital buildings is a broad *tableau*, suitable for an extended series of buildings. Its natural drainage and its facilities for artificial drainage are unsurpassed. The grounds, as they slope away to the north from the upper *tableau* towards the river, are broken with several ravines, with broad promontories between them, so as to admit of the regular subdivision of the pleasure-grounds



by walls that will not be “unpleasantly visible from the building,” nor intercept the view of the surrounding country. The view which will be enjoyed by the patients, comprises all of the cities of Washington, Georgetown and Alexandria, the heights north of the two former, the Virginia hills on the south, and the Potomac and Eastern Branch for several miles. These features are of immense consequence. This is so well understood among practical persons, that there is no establishment in the country that has not, in some one or more of its published documents, attempted to laud the attractive beauty of the landscape about it. The moral treatment of the insane, with reference to their cure, consists mainly in eliciting an exercise of the attention with things rational, agreeable, and foreign to the subject of delusion ; and the more constant and absorbing is such exercise, the more rapid and effectual will be the recovery ; but many unbroken hours must elapse each day, during which it is on every account impracticable to make any direct active effort to engage and occupy the patients’ minds. Now, nothing gratifies the taste, and spontaneously enlists the attention of so large a class of persons, as combinations of beautiful natural scenery, varied and enriched by the hand of man ; and it may be asserted with much confidence, that the expenditure of a thousand dollars each year, directed to the single object of promoting the healthy mental occupation of one hundred insane persons, with either amusements or labor, would not be so effectual in calling reason to its throne, as will the grand panorama of nature and art, which the peculiar position of the site so happily commands. The shifting incidents of the navigation of the Potomac, the flight of the railroad cars to and from the city, the operations at the navy

yard, &c., will continually renew and vary the interest of the scene.

About ninety acres of the farm are in high and broken woodland, through which some five miles of winding roads have been made by the late proprietor, that will afford highly agreeable, healthful, and entirely private pleasure-walks for the patients during the warm season.

The institution itself will be one of the most conspicuous ornaments of the District, and will be visible to more people, and from more points, than any other structure, excepting, perhaps, the Capitol, and the Washington Monument when completed.

6. *Future operations.*—Such a plan of an institution is about to be submitted to you for the approval of the President and yourself, as the means at your command will build and fit up, and as will be ample to accommodate the insane now supported by government, both from civil life and from the army and navy. This plan will be susceptible of receiving any additions future necessity may require.

I am, sir, with great respect, your obedient servant,

C. H. NICHOLS,

*Superintendent Hospital for the Insane.*

Hon. ALEX. H. H. STUART,

*Secretary of the Interior.*



## SUMMARY.

ANNUAL MEETING OF THE ASSOCIATION OF  
MEDICAL SUPERINTENDENTS OF AMERICAN  
INSTITUTIONS FOR THE INSANE.

The eighth meeting of the Association will be held at the Eutaw House, in the city of Baltimore, Md., to commence on Tuesday the tenth of May next, at 10 o'clock, A. M.

By a standing resolution, the Managers, Trustees, or Governors of the various institutions, are invited to attend the meetings of the Association.

H. A. BUTTOLPH,

*State Lunatic Asylum,* } *Secretary.*  
*Trenton, N. J., March 15, 1853.* }

Above is the official notice of the next meeting of the Association, and we cannot let the occasion pass without urging in the strongest terms upon all its members, the importance of a general attendance on these annual gatherings of those whose official position gives them the immediate care of nearly all the insane of the Country who have the benefit of treatment. The fact that this association is now quoted as authority on subjects connected with the care and treatment of the insane, makes it peculiarly important, that its meetings should be fully attended and that all respectable Institutions should be regularly represented.

We are glad to learn that the Boards of Managers of some of our Institutions, impressed with the importance of being represented in the association, have instructed their Superintendents to attend, and made liberal provision for their travelling expenses. Much as the Superintendents may be benefited by the temporary absence from their arduous duties, and by an interchange of sentiment with their brethren, it is quite certain, that a still greater benefit is conferred on the Institutions with which they are connected, and on their patients.

*State Lunatic Asylum for Western New York.*—Governor Seymour, in his message to the Legislature, recommends the erection of another Lunatic Asylum in this State, to be located in its western portion. A bill has been brought forward in the Senate in accordance with this recommendation, which we hope may receive the favorable consideration of the Legislature. The necessity for increased accommodation is very urgent, and ought not to be longer delayed.

*Alabama Hospital for the Insane.*—The Commissioners for putting up a Hospital for the Insane in Alabama, have purchased a fine farm near Tuscaloosa, and have just given out the contracts for a building capable of accommodating 250 patients. The plan adopted was prepared by Dr. Kirkbride, of the Pennsylvania Hospital for the Insane, and we are glad to learn corresponds in every respect with the propositions relating to the construction of Institutions for the Insane, which were adopted by the association of Superintendents at its last Annual Meeting in 1851. Messrs. Sloan and Stewart of Philadelphia, have been appointed Architects of the building, one of whom will remain permanently at Tuscaloosa during the progress of the work.

*South Carolina Asylum for the Insane.*—At the last session of the Legislature of South Carolina, an appropriation of \$30,000 was made, for the purpose of erecting a new building or buildings for the accommodation of the insane patients in the State Institution of Columbia. In January last a committee was appointed from the Board of Regents, to report on the most serviceable manner of laying out this sum, and, from their printed report, we are glad to find that a proposition to give up the present Institution entirely, and to commence a new Hospital in the County has been seriously entertained although no definite action has yet been had on the subject. The importance of having every Institution for the insane, located in the country, with an abundance of land for farming, gardening, and for pleasure-grounds, as well as to secure a proper degree of privacy, is so great, and so universally conceded by all practical men, that we trust our friends in South Carolina will be able to use the appropriation of their Legislature in such a way, as will make it the commencement of a new Institution, no less perfect in its location than in its buildings and internal arrangements. We are glad to find that the propositions of the association of Superintendents relating to the construction of Hospitals for the Insane, re-published in full in the report of the Committee, are referred to, as authority on the subject.



WE call attention to the Announcement of a Private Asylum, near Cincinnati, and to the Prospectus of a Journal of Insanity, just commenced by Dr. Edward Mead. We wish him success in both undertakings, hoping that he may make his "Retreat" be to Cincinnati, what "Sanford Hall" is to New York. We learn that the accommodations of the "Retreat" are already occupied and engaged almost to its utmost capacity. We deem the present time very opportune for the commencing such an enterprise in Ohio. There is undoubtedly much need of more accommodations for the Insane in the Western States.

\* \* \* \* "In order to supply this pressing want the CINCINNATI RETREAT FOR THE INSANE has been established, and is now open for the reception of patients. Accommodations are already prepared for upwards of twenty. Certain alterations and improvements in the interior of the building, and the erection of additional rooms now in progress will furnish facilities for a perfect classification, and will provide accommodations during the present month for twenty additional patients.

"It is designed to make the Retreat a first-class Institution, both as regards the system of management adopted, the adaptation of the internal arrangements to the requisite classification, the character of the attendants employed, and every means necessary to promote a speedy restoration to reason of those who are placed under treatment. The Institution will be under the charge of Dr. Mead, one of the Professors in the Cincinnati College of Medicine and Surgery, who has devoted more than ten years to the subject of Insanity; during which time he has visited and examined many institutions of this character both in this country and Europe, and for nearly five years has had the advantage of experience in the superintendence of a similar institution."

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"All the medical and moral appliances which are now recognized as curative agencies, by the best authorities, will here be brought in requisition variously combined, to meet the varying indications of each particular case.

"Every effort will be made to keep persons employed in the capacity of attendants, who possess the qualities of kindness, judgment, intelligence, and self-denial. \* \* \*

"A carriage will at all times be in readiness for the use of patients in suitable weather. The various kinds of amusement and exercise usual in institutions of this kind, a bathing apparatus, music, a library of three hundred volumes, a large supply of literary and scientific magazines and newspapers, and religious exercises are also among the resources employed for the restoration of patients to mental soundness.

"At a short distance from the main building are three small buildings, which, if desired, can be beautified and furnished as detached cottages, according to the plan proposed by Dr. Kirkbride, of the Pennsylvania Hospital for the Insane. These are designed for single patients whose friends desire them to be provided with more than one attendant and a separate household arrangement, in extra style. Occasionally a patient whose habits of life have been luxurious, and whose means are adequate to procure all that taste may suggest, can be materially benefited by such an arrangement."

"TERMS.—Fifty dollars will be required with each patient in advance on admission.

"The weekly charge for board and treatment will be proportioned to the amount of attention required. Those who can be classified in groups will be

charged *five dollars* per week; those who require a special attendant, *ten dollars*. After the expiration of the time paid for, if the patient should require to remain under treatment, future payments must invariably be made monthly in advance. Proper references, or security will be required of persons coming from a distance for the removal of patients after recovery, or on the expiration of the time paid for, and for all unavoidable damages.

"Patients will be required to bring with them two pairs of sheets, two pillow cases, six towels, and one bed quilt.

"Letters of inquiry may be addressed to Edward Mead, M. D.

"The Institution is situated seven miles north of Cincinnati, on the turnpike road leading to Hamilton, midway between the Farmer's College and Mount Healthy. Omnibusses are plying four times a day between these points and the city."

"PROSPECTUS of the 'American Psychological Journal:' devoted chiefly to the elucidation of Mental Pathology, and the Medical Jurisprudence of Insanity. Conducted by EDWARD MEAD, M. D. 32 pages, published bi-monthly in Cincinnati, O., at \$1.00 a year, payable in advance.

"The want of a medium through which to communicate a knowledge of Mental Diseases, throughout the Western country, has long been felt and acknowledged. The object of this Journal is to supply this important desideratum. Although intended chiefly to discuss the facts concerning Insanity, and the legal relations of the Insane, it will also embrace such of the functions and diseases of the brain and nervous system, which have a legitimate connection with the general subject. To this end the sciences of Mental and Moral Philosophy, and Psychology, will be made tributary.

"The important subject of the Medical Jurisprudence of Insanity, is but little understood, and requires much attention.

"The discussion of these subjects will render the Journal valuable to members of the Medical and Legal professions, as well as to non-professional readers who feel an interest in the subject of Insanity.

"The first number was published on the first of January, 1853.

"Address Edward Mead, M. D., Cincinnati, Ohio."

We have looked over the first No of the Journal, which promises to be an interesting and useful publication.





















